FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

G72917

(9)

1. Corporation Name JEMAAM, INC.					
Principal Place of	of Business	Mailing Address			DES LODE STOLL DESIL SIBIL SIBIL SIBIL DISIL DISIL FOOL
8403 ESTER Naples fl	O BLVD (FT. MYERS 33931) 33941	P.O. BOX 8687 NAPLES FL 33941			
		US		3. Date Incorporated or Qualified 12/08/1983	3a. Date of Last Report 04/27/1995
2. Principal Plac	and Divisions	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Flat	ce or business	26. Waining Address		59-2342813	Not Applicable
Suite. Apt. #	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιp	Country	8. This corporation has liability for	
24	25	[29]	30	Florida Statutes Yes 10. Name and Address of New 8	No No
	9. Name and Address of Curren	i Hegistered Agent	81 Name	(b) Name and Address of New Y	legistelles Agent
441001	N 101111 F 15				11.
MURPHY, JOHN E., JR.			82 Street Add	dress (P.O. Box Number is Not Acceptal	olej
8403 ESTERO BLVD FT. MYERS BCH FL 33931			83		
FI. WIII	EN3 BOTT FE 33931		24 0		85 Zip Code
			84 City		FL s zp code
CIGNIATURE	diagent, or both, in the State of Floridia, and accept the obligations of Sections of Sections by the original parties of registered agent.		zed by the corporation's books	and of directors. I hereby accopt the app	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE		Change Addition
NAME	MURPHY, JOHN E., JR.		1.2 NAME		
STREET ADDRESS	8403 ESTERO BLVD		1 3 STREET ADDRESS		
CITY - ST - ZIP	FT. MYERS BCH FL 33931	DELETE	1.4 CHY-ST-ZIP		Change Addition
TITLE	VD	☐ ptre.te	2 1 THILE 22 NAME		
NAME	MURPHY, ANNETTA M.		2.3 STREET ADDRESS		
STREET ADDRESS	8403 ESTERO BLVD FT. MYERS BCH FL 33931		2.4 CITY - ST - ZIP		
CITY - ST - ZIP TITLE	FT. MIENS DOTTE 33931	DELETE	3 1 TILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY SE-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change C Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 City - St - ZIP		D Ohana Till Addition
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - S1 - ZIP		☐ DELETE	5 4 CHY-ST-ZIP		☐ Change ☐ Addition
TITLE			6 1 TITLE		
NAME OTOGET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY - ST - ZIP		
CITY-ST-ZIP 14. I do hereb	L y certify that the information supplied	with this filing is voluntarily fu	rnished and does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further

SIGNATURE:

941-765-1233 Desprise Province

CR2E034 (12/95)