Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90200 045 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H76037**

1. Corporation Name

JAMAR I	INTERNATIONAL, INC.						
Principal Plac	e of Business	Mailing Address			- 1 (BB) 651 B191 (BB) 8 61131 88156 11211 8881 81413	1166 116H 644H	#1011 #1011 1281
4879 SPRING RUN AVENUE 4879 SPRING RUN AVENUE ORLANDO FL 32819 ORLANDO FL 32819					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed 09/16/1985		
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2587359	<b>⊢</b> +	pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29 30	Country	,	This corporation owes the current year In Personal Property Tax.	ntangible Yes	<b>⊠</b> No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
Dixon, Margo 4879 Spring Run Ave.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		<del></del>
	ANDO FL 32819		83	-			
			04	0.4		les Zin	Code
			84		FI	_	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	2 and 607.1508, Florida Statutes, to of Florida. Such change was autho ions of, Section 607.0505, Florida	he abov rized by Statutes	e-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing its sintment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Requ	stered Age	nt signature required	when reinstating) DATE		\
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PO	☐ DELETE 1.1 T				Change	☐ Addition
NAME	DIXON, JOHN	ŧ	1.2 NAME	Ì			1
STREET ADDRESS	4879 SPRING RUN AVE			TADDRESS			-
CITY-ST-ZIP	ORLANDO FL			T-ZIP		Chauss	Addition
TITLE	STD	DELETE 2.1T				☐ Change	□ Audilion )
NAME	DIXON, MARGO A 4879 SPRING RUN AVE	1	2.2 NAME	T ADDRESS			Í
STREET ADDRESS	ORLANDO FL		2.3 STREE 2. 4 CITY-5		••		}
CITY-ST-ZIP	OTENIOOTE		3.1 TITLE	J1-2/F		Change	Addition
NAME			3.2 NAME				-
STREET ADDRESS			3.3 STREE	T ADDRESS			1
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	DELETE 4.1 T		4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME	}			
STREET ADDRESS	•	į	4.3 STREE	TADDRESS			
CITY-ST-ZIP		r=	4.4 CITY-S	T-ZIP			T Addition
TITLE			5.1 TITLE 5.2 NAME			☐ Change	☐ Addition \
NAME				T ADDRESS (			1
STREET ADDRESS	,		5.4 CITY-S				{
CITY-ST-ZIP			6.1 TITLE			Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other tike empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

THE REWINDS TO