

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K03936

(7)

1. Corporation Name

JAMLIN CORP.

Principal Place of Business

% ALAN J. WERKSMAN
160 SW 12TH AVE., #101B
DEERFIELD BEACH FL 33442-3114

Mailing Address

% ALAN J. WERKSMAN
160 SW 12TH AVE., #101B
DEERFIELD BEACH FL 33442-3114



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WERKSMAN, ALAN J.
160 SW 12TH AVE.
#101B
DEERFIELD BEACH FL 33442-3114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent as a condition of filing

(Print) Registered Agent Signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD [] DELETE

NAME CASSINO, MICHAEL J., JR.
STREET ADDRESS 2114 RADNOR COURT
CITY-ST-ZIP JUNO ISLES FL 33319

TITLE PD [] DELETE

NAME SADKIN, SEYMOUR
STREET ADDRESS 4901 WOODLANDS BLVD
CITY-ST-ZIP TAMARAC FL 33319

TITLE [] DELETE

NAME [] DELETE

NAME [] DELETE

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NAME [] DELETE

1. TITLE [] Change [] Addition

12 NAME [] Change [] Addition

13 STREET ADDRESS [] Change [] Addition

14 CITY-ST-ZIP [] Change [] Addition

2. TITLE [] Change [] Addition

22 NAME [] Change [] Addition

23 STREET ADDRESS [] Change [] Addition

24 CITY-ST-ZIP [] Change [] Addition

3. TITLE [] Change [] Addition

32 NAME [] Change [] Addition

33 STREET ADDRESS [] Change [] Addition

34 CITY-ST-ZIP [] Change [] Addition

4. TITLE [] Change [] Addition

42 NAME [] Change [] Addition

43 STREET ADDRESS [] Change [] Addition

44 CITY-ST-ZIP [] Change [] Addition

5. TITLE [] Change [] Addition

52 NAME [] Change [] Addition

53 STREET ADDRESS [] Change [] Addition

54 CITY-ST-ZIP [] Change [] Addition

6. TITLE [] Change [] Addition

62 NAME [] Change [] Addition

63 STREET ADDRESS [] Change [] Addition

64 CITY-ST-ZIP [] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec.

3/5/96

(407) 624-0292
407 624-0000

CR2E034 (12/95)