

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 104162
1. Corporation Name

JAM-ROCK INC.

Principal Place of Business

Mailing Address

11330 ROYAL PALM BLVD
CORAL SPRINGS, FL. 33065 (SAME)

FILED

98 OCT 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 11330 ROYAL PALM BLVD | | 26 SAME | | 11-87 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 65-0020894 | |
| 23 City & State | | 28 City & State | | 5. Certificate of Status Desired | |
| CORAL SPRINGS, FL. | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip | | 29 Zip | | 6. Election Campaign Financing | |
| 33065 | | | | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 Country | | 30 Country | | 8. This corporation owes or has paid the current year Intangible | |
| BROWARD | | | | Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD BRAVO
9754 SARATOGA PK. CT.
BOCA RATON, FL. 33428

| |
|---|
| 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: Howard Bravo DATE: 10-23-98
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | TREASURER <input checked="" type="checkbox"/> DELETE | 11 TITLE | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEXTER BRAVO | 12 NAME | HOWARD BRAVO |
| STREET ADDRESS | 11330 ROYAL PALM BLVD. | 13 STREET ADDRESS | 9754 SARATOGA PK. CT. |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | 14 CITY-ST-ZIP | BOCA RATON, FL. 33428 |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | 500002679125--6 |
| STREET ADDRESS | | 23 STREET ADDRESS | -11/03/98-01056-011 |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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 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: Howard Bravo DATE: 10-23-98

CR2E034 (5/98)