

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K40425** (6)

1. Corporation Name

**JAMISON COMPANY INC.-KILLIAN PROPERTIES**



Principal Place of Business

13980 S.W. 139TH CT.  
MIAMI FL 33186

Meeting Address

13980 S.W. 139TH CT.  
MIAMI FL 33186

2. Principal Place of Business

2a. Meeting Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**JAMISON, STRATTON D.**  
10135 SW 144 PL.  
MIAMI FL 33186

3. Date Incorporated or Qualified	3a. Date of Last Report
10/24/1988	04/19/1995
4. FEI Number	Applied For
65-0092948	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81	Name	Stratton M. Jamison
82	Street Address (P.O. Box Number is Not Acceptable)	13980 S.W. 139 Ct
83	City	Miami
84	State	FL
85	Zip Code	33186

11. Pursuant to the provisions of Sections 607.002 and 607.1509, 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. The secretary accepts the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.002 and 607.1509, Florida Statutes.

SIGNATURE: *Stratton M. Jamison*

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	JAMISON, STRATTON M.	
STREET ADDRESS	14321 SW 97TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/>
NAME	JAMISON, SUSAN	
STREET ADDRESS	14321 SW 97TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	JAMISON, STRATTON D.	
STREET ADDRESS	14321 SW 97TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 NAME			
22 STREET ADDRESS			
23 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 NAME			
32 STREET ADDRESS			
33 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 NAME			
42 STREET ADDRESS			
43 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 NAME			
52 STREET ADDRESS			
53 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 NAME			
62 STREET ADDRESS			
63 CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 the 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 to this filing.

SIGNATURE: *Susan Jamison* Susan Jamison Sec 3-19-96 378 6506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)