FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

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K41483

(4)

FILED					
Apr 28 1998 8:00am					
Secretary of State					

JERAM, INC				
Principal Place of Business Mailing Address				
% C N PATEL 4723 HIGHLAND PLACE DRIVE 4724 HIGHLAND PLACE DRIVE LAKELAND FL 33813 4725 HIGHLAND FL 33813		E	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Place of Business	28. Mailing Address		10/25/1988 4. FEI Number	Applied For
1	26		59-2911763	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 30	Country	This corporation owes or has paid the Personal Property Tax due June 30.	Yes 🔀 No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
PATEL, C N 4723 HIGHLAND PLACE DRIVE LAKELAND FL FL 32813		81 Name82 Street A83	ddress (P.O. Box Number is Not Acceptable)	
		84 City		85 Zip Code
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	? and 607.1508, Florida Statules, t of Florida. Such change was auth tions of, Section 607.0505, Florida	the above-named orized by the corporate that the corporate is a statutes.	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	T. A			

CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Change ☐ Addition TITLE DELETE 1,1 TITLE NAME PATEL, C.N. 1.2 NAME 4723 HIGHLAND PLACE DR STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TOLE NAME PATEL, S.C. 2.2 NAME STREET ADDRESS 4723 HIGHLAND PLACE DR 2.3 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 2. 4 CITY-ST-ZIP Change DELETE Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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.

ALD-C.

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