

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 11:01

DOCUMENT # **L23907** (3)

1. Corporation Name
AAA JEMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% WILLIAM J. SEGAL 1799 N.E. 184TH STREET N. MIAMI BEACH FL 33162 20801 BISCAYNE BLVD N.M.B. FL 33180 STE 304	% WILLIAM J. SEGAL 1799 N.E. 184TH STREET N. MIAMI BEACH FL 33162 20801 BISCAYNE BLVD STE 304 N.M.B. 33180

3. Date Incorporated or Qualified 10/19/1989	3a. Date of Last Report 03/15/1994
4. FEI Number 65-0150099	Applied For <input type="checkbox"/> 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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 20801 BISCAYNE BLVD	26 20801 BISCAYNE BLVD
22 SUITE # 304	27 SUITE # 304
23 No Miami Beach	28 No Miami Beach
24 33180	29 33180
25 DADE	30 DADE

9. Name and Address of Current Registered Agent

**SEGAL, WILLIAM J.
1799 N.E. 184TH STREET
N. MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name SEGAL, WILLIAM J.
82 Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD
83 SUITE # 304
84 City No Miami Beach FL
85 Zip Code 33180

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: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEIDNER, EDWARD
STREET ADDRESS	9020 NW 19TH ST
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1.1 STREET ADDRESS	
1.2 CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.1 STREET ADDRESS	
2.2 CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3.1 STREET ADDRESS	
3.2 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.1 STREET ADDRESS	
4.2 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.1 STREET ADDRESS	
5.2 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.1 STREET ADDRESS	
6.2 CITY, ST, ZIP	

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 199.032(3)(b), Florida Statutes. I do this to 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 responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **ED SEIDNER** June 19, 1995 (305) 436-7880