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

PROFIT CORPORATION ANNUAL REPORT **1997** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33990 (7)  JAMISON COMPANY, INCKENDALL MALL										
Principal Place of Business % STRATTON M. JAMISON 13980 SW 139 CT. MIAMI FL 33188		Mailing Address  STRATTON M. JAMISON  13980 SW 139 CT.  MIAMI FL 33198-5513								
						<ol> <li>Date Incorporated or Qualified 11/28/1989</li> </ol>	3a. Da	ite of Last R <b>15/1996</b>	өрөт	
2. Principal Pla	ce of Business DOS.W.88 St.	2e. Mailing Address				4. FEI Number 65-0171534			oplied For	
Suite, Apt #	, etc	Suite, Apt. #, etc.						\$8.75	ot Applicable   Additional	
22		27		<del></del>		5. Certificate of Status Desired	اسيا 	Fee Re		
City & State	mai FL	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees	
Zip	Country	Zip	Cour	ntry		This corporation has liability for				
24 3317		29	30			Florida Statutes	Yes [	No		
100	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New R	egistered .	Agent		
	SON, STRATTON M 0 SW 139TH CT							······································		
	II FL 33186		}	82 Street	Addres	s (P.O. Box Number is Not Accepte	able)			
			Ţ	83			·····			
			ŀ	84 City			P= 1	85 Zip (	Code	
11 Purement to	the provisions of Sections 607.0502	and 607 1508. Florida Statut	es the ab	Ove-named	1 corner	ation submits this statement for the	FL	changing it	registered	
office or re	gistered agent, or both, in the State of	f Etorida Such change was		OTO HOLLIO	a corpor		pa.pooc o.	Straing of the	10 .cg.dc.dc	
agent Lan	tamiliar with, and accept the obligati	ions of Section 607 0505. Fit	authorized orida Stati	by the cor	rporation	n's board of directors. I hereby acco	ept the app	oiniment as	registered	
	familiar with, and accept the obligati	ions of, Section 607.0505, Flo	autnorized orida Stati	t by the cor ites.	rporation	n's board of directors. I hereby acco	ept the app	oiniment as	registered	
SIGNATURE s	Ilguature, tyued or printed name of registered agent	and little if applicable (NOT	E Registered			when reinstating)	DATE	······································		
SIGNATURE s		and little if applicable (NOT	E Registered	Agent signaturi			DATE	······································		
SIGNATURE s	Ilguature, tyued or printed name of registered agent	and title if applicable (NOTI	E Registered	Agent signaturi		when reinstating)	DATE	DIRECTOR	IS IN 12	
SIGNATURE Š	P JAMISON, STRATTON M. 14321 SW 97TH AVE	and title if applicable (NOTI	13. 1.1 TIT	Agent signaturi		when reinstating)	DATE	DIRECTOR	IS IN 12	
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SIGNATURE  12.  PURE NAME STHELL ADDRESS CITY- \$1-74P TITLE	Ignature, typed or printed name of registered agent P JAMISON, STRATTON M. 14321 SW 97TH AVE MIAMI FL S	and title if applicable (NOTI	E Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	Agent signature LE ME REET ADDRESS Y-ST-ZIP		when reinstating)	DATE	DIRECTOR	IS IN 12	
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14. I do 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:

MUNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Namison 4

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**FILED** 

Apr 22 1997 8:00am

Secretary of State