

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Benjamin B. Maloney
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **L39423** (3)

1. Corporation Name
CJAM, INC.

MAY 1 1995 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **% STEVEN L. J. LEDERER
4434 N BAY RD
MIAMI BCH FL 33140**

Mailing Address: **% STEVEN L. J. LEDERER
4434 N BAY RD
MIAMI BCH FL 33140**

(Do not write in this space)

3. Date Incorporated or Qualified: **01/02/1990** 3a. Date of Last Report: **04/28/1994**

4. FEI Number: **65-0168835** Applied For: Not Applicable

5. Certificate of Status Issued: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. Has corporation had majority of shareholders (as defined in Florida Statutes) Yes No

2. Prior year Federal Identification Number: **21** 2a. Mailing Address: **26**

State App # (alt): **22** State App # (alt): **27**

City & State: **23** City & State: **28**

24 25 29 30

9. Name and Address of Current Registered Agent

**BERKOWITZ, ABBEY
4434 N BAY RD
#100
MIAMI BCH 33140**

10. Name and Address of New Registered Agent

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 607.02(2) and 607.12(6), 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, thereby accept the appointment as registered agent. I am hereby withdrawing the resignation of _____ as registered agent.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	P
2. NAME	BERKOWITZ, ABBEY
3. STREET ADDRESS	4434 N BAY RD
4. CITY, ST, ZIP	MIAMI BCH FL
5. TITLE	V
6. NAME	COHEN, ALAN
7. STREET ADDRESS	4041 COLLINS AVENUE
8. CITY, ST, ZIP	MIAMI BCH FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Sections 607.02(6) Florida Statutes. I further certify that the information disclosed 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 in an attachment with an address.

SIGNATURE: *Abbey Berkowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95

531-5771