

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M49168**

(1)

1. Corporation Name

JAMISON MANAGEMENT CO., INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JAMISON, STRATTON M.
10135 S.W. 144 PLACE
MIAMI FL 33186**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

13980 SW 139th

84

City Miami

FL

85 Zip Code

33186

11. Pursuant to the provisions of Sections 607.0507 and 607.1408, 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 607.0508, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
	P			☐ DELETE
	JAMISON, STRATTON M.			
	14321 SW 97TH AVE			
	MIAMI FL			
	VP			☒ DELETE
	JAMISON, STRATTON D.			
	14321 SW 97TH AVE			
	MIAMI FL			
	ST			☐ DELETE
	JAMISON, SUSAN			
	14321 SW 97TH AVE			
	MIAMI FL			
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished. I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report is complete, true and correct, 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 officer or director empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed for comparison with a filing.

SIGNATURE:

Susan Jamison *Susan Jamison Sec 3 1996*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

375-6506

TELEPHONE NUMBER

CR2E034 (12/95)