

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90041 011 \*\*\*150.00

DOCUMENT # P92000010967

1. Corporation Name  
DOR-JAM, INC.

Principal Place of Business

11767 S. DIXIE HWY  
#145  
MIAMI FL 33156  
US

Mailing Address

11767 S. DIXIE HWY  
#145  
MIAMI FL 33156  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

4. FEI Number

65-0379213

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ZAHARAKO, JAMES G  
11767 S DIXIE HWY #145  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81. Name

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

4000 N. ALA, # 801

83.

84. City

FT. PIERCE

FL

85. Zip Code

34944

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

*[Signature]*

JAMES ZAHARAKO, PRES.

3-28-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ZAHARAKO, JAMES G  
STREET ADDRESS 11767 S DIXIE HWY #145  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ZAHARAKO, DOROTHY B  
STREET ADDRESS 11767 S DIXIE HWY #145  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JAMES ZAHARAKO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4000 N. ALA, # 801

1.4 CITY-ST-ZIP FT. PIERCE, FL 34944

2.1 TITLE DOROTHY B. ZAHARAKO ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4000 N. ALA, # 801

2.4 CITY-ST-ZIP FT. PIERCE, FL 34944

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99  
Date

(305) 632-8638  
Daytime Phone #

0229432

CR2E034 (11/98)