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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

P92000011406 (5) **DOCUMENT #**

JAMAR ALLERGY SALES, INC.

Principal Place of Business

Malling Address

1283 ANHINGA DRIVE WELLINGTON FL 33414 1283 ANHINGA DR. WELLINGTON FL 33414

3a. Date of Last Report 3. Date Incorporated or Qualified 02/03/1995 12/11/1992 4, FEI Number Applied For 2a. Mailing Address

(2) Principal Place of Business				2a. Mailing Address			4. FEI Number	Applied For		
21			26	-			65-0372857	Not Applicable		
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.	·· ····		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	29	Zip	Go 30	untry	8. This corporation has liability for intangible tax Florida Statutes ☑ Yes ☐ No	unders 199.032,		
9 Name and Address of Current Registered Agent						T	10. Name and Address of New Registered Agent			
MULLIN, JAMES G 2263 N.W. BOCA RATON BLVD.					81 82 83	Name DENNIS P FLYNN COA Street Address (P.O. Box Number is Not Acceptable) 3918 VIA POINCIANA #	7			
	SUITE 205 BOCA RATON FL	. 33431				84	City LAKE WORTH FL	85 Zip Code 73 46 7		

11. Pursuant to the provisions of Sections 697.0502 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 obligators of, Section 607.0505, Fjorida Statutes.

	suus	12	-	1/24/96
SIGNATURE _	Signature, typed or printed name of registered agont and ti	se if applicable (NOTE:	Flagistered Agent signature re	
12.	OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELFTE	1. 1 TITLE	Change Addition
NAME	WEISS, JAMES G		1.2 NAME	- VIA POINCIANA #614
STREET ADDRESS	1283 ANHINGA DRIVE		(1,3 STREET ADDRESS	3/153 111 64 2211/7
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY - ST - ZIP	3755 VIA POINCIANA #614 LAKE WORTH, FL 33467
TITLE	S	DELETE	2 1 TITLE	
NAME	WEISS, MARIAN G		2 2 NAME	Change Addition 37.55 Via POINCIANA #614 LAKE WORTH, FL 33467
STREET ADDRESS	1283 ANHINGA DRIVE		(2.3)STREET ADDRESS	3/35 1/4 40/10 2/10/10 1/2 1
GITY-ST-ZIP	WELLINGTON FL		2.4 CITY-ST-ZIP	LAKE WORTH, IL 37467
TITLE		☐ DELETE	3. 1 THLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4. 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - 7IP	
TITLE		☐ DELETE	5. 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-2IP			5.4 CHTY - ST - ZIP	F] 0 F] 1.34%
TITLE		DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - 2IP	

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 119.07(3)(k), 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 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 certify 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.

MANAWELS

SIGNATURE

SIGNATURE

Description

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