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 # P92000011406 (5)

JAMAR ALLERGY SALES, INC.

Principal Place of Busine	ı
1283/ANHHOA BRIVE	
1283/ANHONGA JORIVIA	

Mailing Address

1283/ANHUNGA DR./ WELLINGTON PL/83414-505: US

FILED Mar 13 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 12/11/1992	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	VIA POINCIANA	26 3755 VIA 40	DINCIANA	65-0372857	Not Applicable	
Suite, Apt. 22 #6/		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 LAKE WORTH FL 28 LAKE WORF				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 334	67 25 USA	29 33467 3	Country	8. This corporation has liability for inte	angible tax under s. 199.032, /es	
	9. Name and Address of Curre			10. Name and Address of New Regis		
DEN	INIS P. FLYNN, CPA		81 Name			
3918 VIA POINCIANA #9			82 Street Ad	An Contact (GO Double to Manharity M		
SUITE 205			62 STOULAU	82 Street Address (P.O. Box Number is Not Acceptable)		
	E WORTH FL 33467		83			
			84 City		B5 Zip Code	
			Oily		FL 85 Zip Code	
11, Pursuant office or n agent, I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat- m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida. Such change was aut gations of, Section 607.0505, Florid	, the above-named co thorized by the corpor da Statutes.	rporation submits this statement for the pur- ation's board of directors. I hereby accept to	pose of changing its registered the appointment as registered	
OIGHAIGHE	Signature, lyped or printed name of registered ag		Registered Agent signature req	ulred when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	D LANGE OF	☐ DELETE	1.1 TITLE		Change Addition	
NAME	WEISS, JAMES G		1.2 NAME		•	
STREET ADDRESS	3755 VIA POINCIANA #614		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL	- OF I CTC	1.4 CITY-ST-ZIP			
TITLE	WEISS, MARIAN &	G DELETE	2.1 TITLE		Change Addition	
NAME STREET ADORESS	3755 VIA POINCIANA #614		22 NAME			
CITY-ST-ZIP	LAKE WORTH FL		2.3 STREET ADDRESS 2.4 City-St-Zip			
TITLE	DAKE WOMM TE	☐ DELETE	3.1 TITLE		Change Addition	
-NAME			3.2 NAME			
STREET ADDRESS		ı	3.3 STREET ADDRESS			
CITY-ST-ZIP	'		34. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME		l	4. 2 NAME		. –	
STREET ADDRESS		I	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		i	52 NAME	•	Į	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		j	
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	by certify that the information supplied	ed with this filing does not qualify f		ed in Section 119.07(3)(i), Florida Statutes. I	further certify that the	

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.

IONIATURE MANIAL HALL WAR OLD WING S WIFE DES 2-10-97 ALL GLR-700