## 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** 

## DOCUMENT # P93000023602

1. Corporation Name

JAM-TONES, INC.				
Principal Place of Business	Mailing Address			
1283 W PALMETTO PARK RD BOCA RATON FL 33486	1283 W PALMETTO PARK RD BOCA RATON FL 33486			
	2a. Mailing Address			
2. Principal Place of Business	26. Walling Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
23	28			

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90080 030 \*\*\*150.00



Principal Place of Business Mailing Address						( 1881) bet the relief livit doing from design and a contraction of the contraction of th
1283 W PALMETTO PARK RD BOCA RATON FL 33486  1283 W PALMETTO PARK RD BOCA RATON FL 33486			RD			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
,					_	03/30/1993
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
21 26						65-0398206   Not Applicable
Suite, Apt. :	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required
City & State	State City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Count			8. This corporation owes the current year Intangible Personal Property Tax.   ☐ No
<u></u>	9. Name and Address of Curren		-144)		=	10. Name and Address of New Registered Agent
٧				81	Name	
	ILLING, THOMAS B W PALMETTO PARK RD			82	Street A	Address (P.O. Box Number is Not Acceptable)
	A RATON FL 33486			83		
				84	City	85 Zip Code
•					•	<b>FL</b>   1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove	e-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
oπice or re agent. f ai	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Fk	orida Stati	utes		station of our discourse in the section of the sect
SIGNATURE						equired when reinstating) DATE
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT ID DIRECTORS	E: Registered	Agen	t signature red	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C ·	DELETE	1.1 TI	TLE		Change Addition
NAME	SMALLING, THOMAS	_	1.2 N			
STREET ADDRESS	3807 BRIDGEWOOD DR		1.3 ST	REET	ADDRESS	}
CITY-ST-ZIP	BOCA RATON FL		1.4 CI	TY-ST	T- ZIP	
TITLE	S	☐ DELETE	2.1 TI	TLE		Change Addition
NAME :	SMALLING, JANE		2.2 N	ME		ļ
STREET ADDRESS	3803 BRIDGEWOOD RD		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP.	BOCA RATON FL		2.40	ITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 ∏	TLE		Change Addition
NAME	•		3.2 N			
STREET ADDRESS					ADDRESS	•
CITY-ST-ZIP		Fil prietr	_	ITY-S	T-ZIP	Change Addition
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NAME .			4.2 N		r ADDDEČO	. ]
STREET ADDRESS	<u> </u>	anticological and the second		TY-SI	ADORESS	
CITY-ST-ZIP		☐ DELETE	5.1 TI		1.5IF	☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS	1. ,		5.3 S	TREE T	TADORESS	
CITY-ST-ZIP			5.4 C	ITY-SI	T- ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME		1	6.2 N	AME		
		•	635	TREET	LADDRESS	1

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 of 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 attribution with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: Z