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 # P93000052207 (6)

JAMATH CORPORATION

FILED Jan 29 1997 8:00am Secretary of State



Principal Place of Business 7610 MISTLETOE COURT ORLANDO FL 32807		Mailing Address	3			n kaernaar iis jalak tiuri asini balin balis saser oleid likka kirks balin 1984 jars			
		7810 MISTLETOE COURT ORLANDO FL 32807-8637							
						3. Date Incorporated or Qualified 07/20/1993	3a. Date 05/01		leport
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number	T AAVA I		pplied For
21		26				59-3196041			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	Iro	City & State							
23	ic.	⊢				Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Z (p)	Country	28 Zip	C	ountry	·	8. This corporation has liability for			
24	25	29	30	,			Yes). 199.032 ₁
<u></u>	9. Name and Address of Curre			T		10. Name and Address of New Re		ent	
TAM	THIEU, LOUIS A			81	Name				
	MISTLETOE CT.			82	Ctroot Add	ress (P.O. Box Number is Not Acceptat	da)		···
	ANDO FL 32807			02	Sheet Mon	ress (F.O. Box Number is Not Acceptat	nej		
0112	34400 1 E 0E007			83					
				-	03.			ae 7:-	On do
				84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered a	gent and title it applicable	tNOTc Registe	red Ag	ont signature requ	ired when reinslating)	DATE		
12.	r	ND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICE	·		
TITLE	D	□ 0	ELETE 1.1	TITLE			L.] Change	Additio
NAME	MATHIEU, LOUIS A		1.2	NAME					
STREET ADORESS	7610 MISTLETOE CT.		1		ADDRESS				
CHY-SI-ZIP	ORLANDO FL 32807			CITY-S	ST - ZIP			Change	Additio
TITLE	D AATHER GODES	[] U		TITLE			L	ј Спапуе	L ADOILD
NAME	MATHIEU, JACINTHE S 7610 MISTLETOE CT.			NAME					
STREET ADDRESS	ORLANDO FL 32807				ADDRESS				
CITY-ST-ZIP TITLE	ONLANDO FL 32807			4 CITY - TITLE	31-212		Г	Change	Additio
NAME		 -		NAME			_		
STREET ADDRESS	1				T ADDRESS				
C:TY - ST - ZIP				. CITY-					
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CITY-ST-732				CITY-	ST-ZIP			7 n.	
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STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			6.4	CITY -	ST-ZIP				

14. 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 roped or supplementational 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 organization or the feceiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR