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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000078635					
1. Corporation Name J. AMRON, INC.					
Principal Place of Business 2001 N. OCEAN BLVD. SUITE 1605 BOCA RATON FL 33431			Mailing Address 2001 N. OCEAN BLVD. SUITE 1605 BOCA RATON FL 33431		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 11/15/1993			4. FEI Number 65-0435193		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent MULHALL, FRANK J 2101 CORPORATE BLVD., N.W. SUITE 400 BOCA RATON FL 33431			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME ERDLE, JACK A 1.3 STREET ADDRESS 2001 N. OCEAN BLVD., SUITE 1605 1.4 CITY-ST-ZIP BOCA RATON FL 33431 1.5 TITLE D 1.6 NAME ERDLE, NORMA 1.7 STREET ADDRESS 2001 N. OCEAN BLVD., SUITE 1605 1.8 CITY-ST-ZIP BOCA RATON FL 33431 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 OF OFFICER OR DIRECTOR

4/5/99

Date

561 392 5543

Daytime Phone #