FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000024730 (0)

TRAFFIC JAMS, INC.

FILED Jan 23 1997 8:00am Secretary of State



Principal Place of Business 10700 S.W. 88 ST., SUITE 208 MIAMI FL 33176	Mailing Address 10700 S.W. 88 ST., SUITE 208 MIAMI FL 33176-1483		I (BORNED) (IE IEIEC BINN BOW) COM SENIX BOWD WON DIEN (EDSO KINN BOW 14E)				
MIMMI FE 931/0				3. Date Incorporated or Qualified 03/28/1995		e of Last 8/1996	
2. Principal Place of Business	vy 26 10700 SW	F& FT	7)	4. FEI Number 65-0625107			Applied For
21 11 13 NO 1-308RAC HV Suite, Apt #, etc	Suite, Apt. #, etc.						Not Applicable Additional
22	208	····		Certificate of Status Desired			Required
23 FT LOUDBRDALE FU	City & State	FL		6. Election Campaign Financing			May Be
23 TY LAUD BIED ALE I Country	28 / (1/1/17) { Z ₍₀	Country	,	Trust Fund Contribution 8. This corporation has liability for in	tannible t		to Fees
24 33264 25	29 33176	30			Yes [5. 155.032 ₁
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Reg	Istered A	gent	
MOSKOWITZ, MARC		81	Name				
2695 EDGEWATER CT		82	Street Add	ress (P.O. Box Number is Not Acceptable	ə)		
FT LAUDERDALE FL 33332		83					
	,	33				•	
		84	City		FL	85 Zip	Code
agent. I am familiar with, and accept the SIGNATURE	Colorido	YRES	-	ired when rainstating)	DATE	97	
	S AND DIFFECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12
TITLE P	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME MOSKOWITZ, MARC A	P 000	1.2 NAME					
STREET ADDRESS 10700 S.W. 88 ST., SUITI	E 206	1	ADORESS				
TITLE MIAMI FE 33176	DELETE	14 CITY- 21 TITLE	ST-ZIP			Change	Addilion
NAME	_ Dett.iv	2.2 NAME			•		
STREET ADDRESS			ADDRESS				
C(1Y - ST - 2)P		2. 4 CITY-	ST-7IP				
TITLE	DELETE	3 1 TITLE				Change	Addition
NAME		3.2 NAME	ľ				
STREET ADDRESS			T ADDRESS				
CITY - ST - ZIP	DELETE	3.4. CITY- 4.1 TITLE	S1 - ZIP			Change	Addition
NAME		4 2 NAME					-
STREET ADDRESS		1	r address				
City-ST-ZiP		4.4 CITY -	ST - ZIP				
TITLE	DELETE	5.1 T(TLE				Change	Addition
NAME		5.2 NAME					
STHEF* ADDRESS			T ADDRESS				
C(1Y+SI+2)P	DELETE	5.4 CITY-	ST-ZIP			Change	Addition
TITLE	LJ DELTIE	6 1 TITLE 62 NAME	ļ		ı	viranyo	י ביי אמטונוטוו
STREET AUDRESS			T ADDRESS				
CITY SI - 7%		6.4 CiTY-					
14. I do hereby certify that the information su	ipplied with this filing does not qualify			d in Section 119.07(3)(i), Florida Statutes	. I further	certify the	at 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 Brock 13 if changed, or on an attachment with an address

SIGNATURE: