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

PROFIT
CORPORATION
ANNUAL REPORT
1998

Suite, Apt. #, etc.

**SIGNATURE:** 

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013077 (8)

JAMISON COMPANY, INC. - FLORIDA CITY

Principal Place of Business	Mailing Address	
412 S.E. 1ST AVE FLORIDA CITY FL 33034 US	13980 S.W 139TH CT. Miami FL 33176 US	
2. Principal Place of Business	2e. Mailing Address	

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Suite, Apt. #, etc.

City & State

## FILED Apr 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

378-6506

Not Applicable

3. Date Incorporated or Qualified

02/09/1996

65-0692042

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4-7-98

<sup>ZIP</sup>	Į.	Country	<u> </u>	zip T		,	Country		8. This corporation owes or has paid the current year Intangible	
24		25	29	1		30			Personal Property Tax due June 30.  Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
JAMISON, STRATTON M						81	Name			
14321 SW 97TH AVENUE				82	82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33176				Street Address (P.O. Box Number is Not Acceptable)						
MIPAMI FL 331/6				63						
!						84	City	FL 85 Zip Code		
44 Comments the second Continue Continu						2000111	. samed			
11. Pursuant to the provisions of Soctions 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 Statu 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 registe		<del></del>	(NOTI		(stered Agent signature required when reinstating) DATE			
12.		OFFICER	S AND DIR		DEL ETE	_	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P			LJ	DELETE		1.1 TITLE		Change	
NAME		I, STRATTON M.				ı	1.2 NAME			
STREET ADDRESS	14321 S.W. 97 AVE 1.35		1.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL						1.4 CITY - S	T-ZIP		
TITLE	S				DELETE	I	2.1 TITLE		Change Addition	
NAME	JAMISON	I, SUSAN					2.2 NAME			
STREET ADDRESS	14321 S\	N 97 AVE				ı	2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL	-				1	2. 4 CITY-5	ST-ZIP		
TITLE					DELETE	_	3.1 TITLE		☐ Change ☐ Addition	
NAME							3.2 NAME		-	
STREET ADDRESS						ı	3.3 STREET	ADDRESS	<b>i</b>	
CITY-ST-ZIP						ı	3.4. CITY-5	ST-ZIP		
TITLE					DELETE	7	4.1 TITLE		☐ Change ☐ Addition	
NAME							4. 2 NAME			
STREET ADDRESS	ADDRESS 4.3		4.3 STREET ADDRESS							
CITY-ST-ZIP						_1	4.4 CITY-S	T - 21P		
TITLE					DELETE	T	5.1 TITLE		☐ Change ☐ Addition	
NAME						ı	5.2 NAME			
STREET ADDRESS						ı	5.3 STREET	ADDRESS		
CITY-ST-ZIP						_{	5.4 CITY-S	T-ZIP		
TITLE					DELETE		6.1 TITLE	-	Change Addition	
NAME						ı	6.2 NAME			
STREET ADDRESS							6.3 STREET	ADDRESS		
CITY-ST-ZIP							6.4 CITY-S			
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 truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer1, or on an attachment with an address.										