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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMAT OF STATE

FILED

Jun 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000040050 (2)

JAM WORLD, INC.

Î					
Principal Place of Business Mailing Address					
8741 SOUTHWEST 10TH STREET B741 SOUTHWEST 1 PEMBROKE PINES FL 33025 PEMBROKE PINES F			* · · · · * · · · · · · · · · · · · · ·		
				3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address		3	4. FEI Number	Applied For	
21 26				65-0677833	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	c.	5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
23		Cily & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability to Florida Statutes	or intangible tax under s. 199.032, Yes No
 	9. Name and Address of Currer	nt Registered Agent	130	10. Name and Address of New F	
AMERILAWYER CHARTERED 81 Name 1				Time 1.1 all 1010	
	ALMERIA AVENUE			THE WOKEN, IN C	- Donovan William
CORAL GABLES FL 33134			82 Street Ac	Idress (P.O. Box Number is Not Accept 7 Sout HWEST / C	able)
			84 City Po	embroke PINES	FL 85 Zip Code 33025
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 607.0305. Florida Statutes. SIGNATURE Signature. Vised or printed name or registered agent and title if applicable. [INSIE: Registered Apont signature required whon reinstaing) DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PID	DELET	1.1 TOTLE		Change Addition
NAME	VASSELL, JUNIOR E		1.2 NAME		
STREET ADDRESS	8741 SOUTHWEST 10TH STRE	ET .	1.3 STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL 33025		1.4 CHY-ST-ZIP		
TITLE	V80	☐ DELET	E 2.1 TITLE		Change Addition
NAME	VASSELL, PHILLIPA L		2.2 NAME		
STREET ADDRESS	8741 SOUTHWEST 10TH STRE	:E1	2.3 STREE1 ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33025		2.4 CHY-\$1-7IP		
time	\$	☐ DELET	E 3.1 TITLE		Change Addition
NAME	:		3.2 NAME		
STREET ADDRESS	*		3.3 STREET ADDRESS		
CITY-ST-ZIP		·	3.4 CHY-ST-ZIP		
TITLE	· .	∐ DELET	E 4.1 TITLE		L Change L Addition
NAME			4. 2 NAME	÷	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- I bries	4.4 CITY - ST - ZIP		
TITLE		☐ DELET			Change Addition
NAME	•		5.2 NAME		//h 00/-/
STREET ADDRESS	•.		5.3 STREET ADDRESS		HI I HUMIAN
TOTY-ST-ZIP		DELET	5.4 CITY - S1 - ZIP		10 47/7/4
THILE		☐ DELET	#		☐ "Chapge
NAME			6.2 NAME		
STREET ADDRESS	*		6.3 STREET ADDRESS	_	4 B A 4

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 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.