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Profit Corporation Annual Report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortisin

Secretary of Succession Succession OF CORPORATIONS

1997

DOCUMENT # P96000056492 (7)

JAMAR (•	•		
Principal Place of Business Mailing Address 711 NORTH 32 AVENUE 711 NORTH 32 AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-612					
				3. Date Incorporated or Qualified 3a. Date of Last 07/03/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			Applied For
Suite, Apt	# nte	Suite, Apt. #, etc.			Not Applicable Additional
22	n, 600	27		1 S Contitionte et Statue Deciror	Required
City & State	0	City & State			0 May Be
23] Zip	Country	28 Z _I p	Country		d to Fees
24	25]	29	30	8. This corporation has liability for intangible tax under Florida Statutes Yes No	s. 199.032,
	9. Name and Address of Currer			10. Name and Address of New Registered Agent	
	RILAWYER CHARTERED		81 Name	ANICE M. RATCLIPFE	
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CON	ANT OWNERS LE 20104		83	11 NORTH 32 AJE	
			84 65		- 0 - 1-
	_		84 City	TOM FINIKI IIIONN FLIR	p Code '3021
11. Pursuant office or r	to the provisions of Sections 607.050 eastered agent or both, in the State)2 and 607.1508, Florida Sta cof.Florida Such change w	atutes, the above-named cor, as authorized by the corpora	poration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment a	its registered
agent La	m familia with and accept the oblig	ation of Section (07.0505	Florida Statutes.	5 5-6	77
SIGNATURE	Sort Fore type Lor per led rame of registered age	eril and title if applicable.	NOTE. Registered Agent signature requ	ired when reinslating) DATE	<u>' / </u>
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12
TITLE	PSTD HANGE M	DELETE	1 1 TITLE	Change	e Addition
NAMI	RATCLIFFE, JANICE M 711 NORTH 32 AVENUE		1.2 NAME		
STREET ADORESS	HOLLYWOOD FL 33021		1.3 STREET ADDRESS		
1 111		☐ DELETE	1.4 CITY-S1-ZIP 2.1 TITLE	Change	e
NAME			2.2 NAME	_ •	_
STREET ADDRESS			23 STREET ADDRESS		
CHY-ST ZIP			2 4 CITY-ST-ZIP		
TillE		DELETE	3.1 TITLE	☐ Change	Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZiF			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change	e Addition
NAME			4.2 NAME		
STREET ADDRESS			"4.3 STREET ADDRESS		
CHY-SI-ZIP		DELETE	4.4 CITY - ST - ZIP		A district
NAME	4	m percit	5.1 TITLE 5.2 NAME	L_J Change	e L. Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST 20F			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change	e 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City St-ZP 14. I do herel) by certify that the information supplie	ed with this filmo does not a	6.4 CITY-ST-ZIP ualify for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify the	at the
informatic Lam an o	an indicated on this agoual report or s	supplemental annual report rithe receiver or trustee emi	is true and accurate and that powered to execute this repo	try signature shall have the same legal effect as if made to ort as required by Chapter 607, Florida Statutes; and that my	under oath: that

SIGNATURE:

___/

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Feb 27 1997 8:00am

Secretary of State