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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 01 1998 8:00am Secretary of State

JIM CAM INVESTMENTS INCORPORATED														
Principal Place of Business Mailing Address										- 1 1001/001 240 40140 01113 00114 00114 00114 0014	i idigi bibib (bi	ii i aa ii i	101 IBS1	
200 SE 12 AVE APT 202 200 SE 12 AVE APT 202						12								
FT LAUDERDALE FL 33301 FT LAUDERDALI						33301				DO NOT WRITE IN TH	HE CDACE			
										3. Date Incorporated or Qualified	113 SPACE		 -1	
										10/11/1996				
2. Principal P	lace of Busin	ness		2a. Mailing Address						4. FEI Number		Appli	ed For	
21			26	26					65-0700192		Not A	pplicable		
Suite, Apt.	W. etc.	—¬	Suite, Apt. #, etc.					5. Certificate of Status Desired	+	5 Add				
City & State	θ		City & State				,	6. Election Campaign Financing	\$5.	00 ма	av Be			
23		28					Trust Fund Contribution							
Zip	Country			<u></u>	Z _i p Coul			יע		8. This corporation owes or has paid the				
24						30				Personal Property Tax due June 30. Yes I No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent								Name		10. Name and Address of New Register	eo Ageill			
JOVANOVICH, NICK 100 NE 3 AVE STE 400														
FT LAUDERDALE FL 33301								Street	Addres	ss (P.O. Box Number is Not Acceptable)				
I FINDERDAL I FOOD I							83				··-		 -	
							84	City			85	Zip Coo	de	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, ti								-named	corpo			na its re	enistered	
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 regional 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 regist agent, it am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.												gistered		
SIGNATURE Signature, typed or printed name of registered agent and title if a print able (NOTE: Registered Agent signature required when reinstalling) DATE														
Signature, typed or printed name of registered agent and title if applicable (NOTE Registrate) 12. OFF ICERS AND DIRECTORS								nt signature	e reduired	ADDITIONS/CHANGES TO OFFICERS A		TORS I	N 12	
TITLE	D		<u>.</u>		DELETE			1.1 TITLE			☐ Char		Addition	
NAME	HANSEN, CAMILLE L				1.			1.2 NAME)	
STREET ADDRESS					1.3			1.3 STREET ADDRESS						
CITY-ST-ZIP		DERDAL	E FL 33301					1.4 CITY - ST- ZIP						
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I nereby 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 13 if changed, or on an attachment with an address

954-525-8875