## 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

DOCUMENT #

P97000021036 (3)

## **FILED** Apr 24 1998 8:00am Secretary of State

ST. JA	MES, INC.								
Principal Plac	e of Business	Mailing Address				<b>                                  </b>		ilf bill lfal	
1946 TYLER STREET 1946 TYLER STREET									
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020									
					3. Date incorporated or Q	T WRITE IN THIS	SPACE		7
					03/06/1997	uaimed			-
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ac	oplied For	┨
21		26						Applicable	1
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	sired	\$8.75	Additional	1
22		27			3. Certificate of Status De	31100	Fee Re	guired	╛
City & Stat	le	City & State			6. Election Campaign Fina		\$5.00		
<b>Zip</b>	Country	<b>28</b> Zip	Cour	trv	Trust Fund Contribution		Added t		$\dashv$
24	25	29	30	w y	8. This corporation owes of Personal Property Tax of	•		No	
	9. Name and Address of Current		100		10. Name and Address of				1
CC	DRPORATION SERVICE COMPAN	iy		Name	5723 O 313-i	- TTT			1
1201 HAYS STREET			ļ.	32 Street A	Wilson C. Atkinso ddress (P.O. Box Number is Not A	Acceptable)			┨
TA	LLAHASSEE FL 32301-2525		L		1946 Tyler Street				
			1	33	-				1
			į.	84 City			85 Zjo (	Code	$\forall$
				· ·	Hollywood	FL	<u> </u>	020 020	╛
11. Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both, in the state am familiar with, and accord the original familiar with, and accord the original familiar with a section of the original familia	of Florida. Such change was	tes, the ab authorized	ove-named o by the corpo	corporation submits this statement oration's board of directors. I here	for the purpose of by accept the ap	of changing its pointment as	s registered registered	
agent. I a	am familiar with, and account the oxyge	ations of, Section 607.0505, FI	orida Statu	tes			2/24/	98	
SIGNATURE	Signature, typed or printed name of registered age	nt and title it applicable (NO)	F: Bogistered	Agent signature m	equired when reinstating)	DATE	729/1	10	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES 1	O OFFICERS AN	ID DIRECTOR	S IN 12	15
TITLE	P/S/D	☐ DELETE	1.1 1111	E			Change	Addition	7
NAME	WILSON C. ATKINS	SON, III	<b>III</b> 1.2 NA						1
STREET ADDRESS	1946 Tyler Stree Hollywood, FL 3	2t 2020	1.3 STR	EET ADDRESS					۱ğ
CITY-ST-ZIP	norrywood, FL 3.			-ST-ZIP			Channe	1 delillo	٦Ņ
TITLE		DELETE	21 7171				Change	Addition	1`
NAME OTRICET ADDRESS			2.2 NAN						
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS Y-ST-ZIP					
TITLE		DELETE	3.1 TITL				Change	Addition	1
NAME		_	3.2 NAM				<del>-</del>		1
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		DELET <b>e</b>	4.1 TiTL	ę T			Change	Addition	}
NAME			4. 2 NAI	ME					1
STREET ADDRESS			4.3 STR	EET ADDRESS					
CITY-ST-ZIP		Drugge		r-ST-ZIP				T Address	4
TITLE		DELETE	5.1 TITE	-			L Change	Addition	
NAME STREET ADDRESS			5.2 NAN	1					
STREET ADDRESS			t	EET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT	(-ST-ZIP			Change	Addition	1
NAME			6.2 NAM						
STREET ADDRESS				EET ADDRESS					1
CITY-ST-ZIP	·			-ST-ZIP					
	certify that the information supplied w	ith this filing does not qualify t	or the exer	nption stated	d in Section 119.07(3)(i), Florida S	atutes. I further o	ertify that the	information	1

officer or director of the corporation or the receiver of Block 12 or Block 13 if changed or on an attachage true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ai powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 4/15/98 954-925-5501