

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

0475324

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90324 023 \*\*\*150.00

DOCUMENT # P97000043573

1. Corporation Name  
JAMAT REALTY, INC.

Principal Place of Business  
707 S WASHINGTON BLVD  
SARASOTA FL 34236

Mailing Address  
707 S WASHINGTON BLVD  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

65-0782125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

JOHNSON, LEONARD H  
37837 MERIDIAN AVE, SUITE 314  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

John Tosch

82 Street Address (P.O. Box Number is Not Acceptable)

c/o JAMAT Realty, Inc.

83

707 S. Washington Blvd.

84 City

Sarasota

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0902 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BUCHANAN, VERNON G  
STREET ADDRESS 707 S WASHINGTON BLVD  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition  
1.2 NAME Buchanan, Vernon G  
1.3 STREET ADDRESS 707 S. Washington Blvd.  
1.4 CITY-ST-ZIP Sarasota, FL 34236

2.1 TITLE S/D ☐ Change ☒ Addition  
2.2 NAME Tosch, John  
2.3 STREET ADDRESS 707 S. Washington Blvd.  
2.4 CITY-ST-ZIP Sarasota, FL 34236

3.1 TITLE V/D ☐ Change ☒ Addition  
3.2 NAME Weisser, Ron  
3.3 STREET ADDRESS 707 S. Washington Blvd.  
3.4 CITY-ST-ZIP Sarasota, FL 34236

4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME Rosa, Salvatore  
4.3 STREET ADDRESS 707 S. Washington Blvd.  
4.4 CITY-ST-ZIP Sarasota, FL 34236

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Salvatore Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

03/31/99

Date

(941)

366-5230

Daytime Phone #

CR2E034 (11/98)