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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044547

JAM INNOVATIVE INDUSTRIES, INC.

Mailing Address

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90002 050 ***150.00



Fillicipal Flace of Business	Wildling Flodicoo					
651 NE 176TH ST. N. MIAMI BEACH FL 33162	651 NE 176TH ST. N. MIAMI BEACH FL 33162		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 05/20/1997			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		65-0762703	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Country		8. This corporation owes the current year Intangible			
24 25	29 30	-	Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			
		81 Name				
BEDZOW, MICHAEL 20803 BISCAYNE BLVD., STE. 200		82 Street Addre	2 Street Address (P.O. Box Number is Not Acceptable)			
AVENTURA FL 33180		83				
		84 City	FI	85 Zíp Code		
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statutes, the af Florida. Such change was authorized	bove-named corpo d by the corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its registered pintment 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									
12. OFFICERS AND DIRECTORS		13.		TO OFFICERS AND DIRECT	ORS IN 12				
TITLE	D DELETE	1.1 TITLE		☐ Change	Addition				
NAME	MOORE, JAMES A	1.2 NAME							
STREET ADDRESS	651 NE 176TH ST.	1.3 STREET ADDRESS							
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP							
TITLE	D DELETE	2.1 TITL£		☐ Change	Addition				
NAME	MOORE, JAMES A II	2.2 NAME							
STREET ADDRESS	651 NE 176TH ST.	2.3 STREET ADDRESS	• • • • •	فيها متحمدتين محديها					
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	2.4 CITY+ST-ZIP							
TITLE	D DELETE	3.1 TITLE		☐ Change	Addition				
NAME ;	MOORE, RUTHANN	3.2 NAME							
STREET ADDRESS	651 NE 176TH ST.	3.3 STREET ADDRESS							
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	3.4. CITY-ST-ZIP		<u> </u>					
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition				
NAME		4.2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE _v	☐ DELETE	5.1 TITLE		. Change	☐ Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY-ST-ZIP			<u>.</u>				

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: