

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90070 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000007080
 1. Corporation Name
THE JAMECO PROJECTS GROUP, INC.



Principal Place of Business 6121 POINTE REGAL CIR. BLDG 124. UNIT 101 DELRAY BEACH FL 33484	Mailing Address 6121 POINTE REGAL CIR. BLDG 124. UNIT 101 DELRAY BEACH FL 33484
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 01/21/1998	4. FEI Number 65-0808153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
SILVERMAN, MICHAEL P
 6121 POINTE REGAL CIR, BLDG 124, UNIT 101
 DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, MICHAEL P	
STREET ADDRESS	6121 POINTE REGAL CIR, BLDG 124, UNIT 101	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, RYAN	
STREET ADDRESS	6121 POINTE REGAL CIR, BLDG 124, UNIT 101	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, BRETT	
STREET ADDRESS	6121 POINTE REGAL CIR, BLDG 124, UNIT 101	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, CHAD	
STREET ADDRESS	6121 POINTE REGAL CIR, BLDG 124, UNIT 101	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 561-42-4058
Date Daytime Phone #

CR2E034 (1/1/98)