PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000079420

1. Corporation Name

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90081 035 ***158.75

JAM FIRE	E & SAFETY, INC.					
Principal Place	of Business	Mailing Address				-
7298 62ND AVENUE NORTH 7298 62ND AVENUE NORTH						,
PINELLAS PARK FL 33781 PINELLAS PARK FL 33781						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						09/15/1998
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applicable
21		26				51-3535080 Not Applicable \$8.75 Additional
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
City & State	2	City & State				6. Election Campaign Financing 55.00 May Be
23	•	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax.
	9. Name and Address of Current					10. Name and Address of New Registered Agent
4145			8	81	Name	•
AMERILAWYER 343 ALMERIA AVENUE			1	B2	Street Addre	ess (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				33		
-			L	\bot		
					City	FL 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 as	egistered agent, or both, in the State on familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statut	es.	ie corporation	and board of directors. Filelopy assept the appointment as registered
SIGNATURE						t when reinstation) DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent s	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	□ DELETE	1.1 TITL	 E		☐ Change ☐ Addition
NAME	MASSEY, JACQUELINE L	_	1.2 NAM	Æ		
STREET ADDRESS	7298 62ND AVENUE NORTH				ODRESS	
	PINELLAS PARK FL 33781		1.4 CITY			
CITY-ST-ZIP TITLE	VSD	☐ DELETE	2.1 TITL		-"	Change Addition
NAME	CARBONE, MICHAEL		2.2 NAV	Æ		· .
STREET ADDRESS	7298 62ND AVENUE NORTH		1		DORESS	المرافع وبالمراج المستحدان
CITY-ST-ZIP	DIMENTAL DARK EL COZOA		2. 4 CIT		1	
TITLE	VTD	☐ DELETE	3.1 TITLE			Change Addition
NAME	MASSEY, ANDREW	EW 32		Æ		
STREET ADDRESS	TOOK COND AVENUE NORTH		3.3 STR	EETA	NODRESS	
CITY-ST-ZIP	CHICLE A CARL CL CATCA		3.4. CIT	Y-ST-	-ZIP	
TITLE		☐ DELETE	4.1 TITL	E		Change Addition
NAME			4. 2 NA	ME		•
STREET ADDRESS			4.3 STR	EETA	ODRESS	•
C/TY-ST-Z/P			4.4 CITY	Y-ST-2	ZIP	
TITLE		☐ DELETE	5.1 TITL	Æ		☐ Change ☐ Addition
NAME			5.2 NAM	Æ		,
STREET ADDRESS			5.3 STR	REETA	ADDRES\$	•
CITY-ST-ZIP			5.4 CITY		ZIP	
TITLE		☐ DELETE	6.1 TITL		-	☐ Change ☐ Addition
NAME	<u> </u>		6.2 NAM			
	I		■ 63 STR	FFTA	ADDRESS	and the control of th

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 angual report is pue 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 receipt of rustee enhowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address, with all other like empowered. indicated on this annual report or suppl officer or director of the corporation or Block 12 or Block 13 if changed or on

6.4 CITY-ST-ZIP

SIGNATURE: