

FILED

Feb 09 1998 8:00am  
Secretary of State

<p><b>PROFIT CORPORATION ANNUAL REPORT 1998</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>
---	---	---

DOCUMENT # S17914 (0)  
1. Corporation Name  
J.A.M. CONTRACTING SERVICE, INC.

Principal Place of Business	Mailing Address
7500 W. COMMERCIAL BLVD FT. LAUDERDALE FL 33319	7500 W. COMMERCIAL BLVD FT. LAUDERDALE FL 33319

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent	
<b>APONTE, JOSEPH</b> <b>146 SAN REMO BLVD</b> <b>N. LAUDERDALE FL 33068</b>	81 Name <b>J</b>
	82 Street Address <b>1906</b>
	83
	84 City <b>Ju</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/06/1990

4. FEI Number	65-0233501	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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 Orlando Escobar 1/20/98

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA PENNA, MADALEEN	1.2 NAME	
STREET ADDRESS	7047 WOODMONT WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA PENNA, PATRICK	2.2 NAME	
STREET ADDRESS	7047 WOODMONT WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA PENNA, PAUL	3.2 NAME	
STREET ADDRESS	22065 AQUA CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33428	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPANELLI, ALYSSA	4.2 NAME	
STREET ADDRESS	1 HORSHOE LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	COMMACK NY 11725	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP DELLA PENNA MICHAEL PENNA, MICHAEL DELLA	5.2 NAME	
STREET ADDRESS	9 HIGHLAND AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT WASHINGTON NY 11050	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (10/97)

SIGNATURE: Patrick Dellapenna PATRICK DELLAPENNA 1/30/98 1-954-746-4445