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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S17914

1. Corporation Name

J.A.M. CONTRACTING SERVICE, INC.

Principal Place of Business

7500 W. COMMERCIAL BLVD
FT. LAUDERDALE FL 33319

Mailing Address

7500 W. COMMERCIAL BLVD
FT. LAUDERDALE FL 33319

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

☐ \$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.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ERCOLINO, JOHN
19066-SE CORAL REEF LANE
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Madaleen Della Penna (Madaleen Della Penna)

1/4/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME DELLA PENNA, MADALEEN
STREET ADDRESS 7047 WOODMONT WAY
CITY-ST-ZIP TAMARAC FL 33321

P ☐ DELETE

NAME DELLA PENNA, PATRICK
STREET ADDRESS 7047 WOODMONT WAY
CITY-ST-ZIP TAMARAC FL 33321

S ☐ DELETE

NAME DELLA PENNA, PAUL
STREET ADDRESS 22065 AQUA CT
CITY-ST-ZIP BOCA RATON FL 33428

VP ☐ DELETE

NAME CAPANELLI, ALYSSA
STREET ADDRESS 1 HORSHOE LANE
CITY-ST-ZIP COMMACK NY 11725

VP ☐ DELETE

NAME DELLAPENNA, MICHAEL
STREET ADDRESS 9 HIGHLAND AVE
CITY-ST-ZIP PORT WASHINGTON NY 11050

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Della Penna, Madaleen ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 7130 Woodmont Way
1.4 CITY-ST-ZIP TAMARAC FLA 33321

2.1 TITLE Della Penna, Patrick ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 7130 Woodmont Way
2.4 CITY-ST-ZIP TAMARAC, FLA 33321

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS SAME

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS SAME

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE Della Penna, Michael ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 17 Huntington Road
5.4 CITY-ST-ZIP Garden City, N.Y. 11530

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: Madaleen Della Penna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (954) 746-4445

CR2E034 (11/98)