FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 16 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S83481 (9)

1. Corporation Name
JCAM, INC.

Principal Place of Business	Mailing Address
600 SANDTREE DR #108 PALM BEACH GARDENS FL 33403	600 SANDTREE DR #108 PALM BEACH GARDENS FL 33403

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1991
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21 1860 OLD OKEECHOBEE ROAD
22 Suite, Apt. #, etc. BUILD. 300
23 City & State WEST PALM BEACH, FL.
24 Zip 33409
25 Country U.S.A.

2a. Mailing Address
27 Suite, Apt. #, etc.
City & State
29 Zip
30 Country

4. FEI Number: 65-0299325 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BENDER, HARRY K.
5915 PONCE DE LEON BLVD
SUITE 60
CORAL GABLES FL 33146

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	P	☐ Change ☒ Addition
NAME	KELLY, JOSEPH P. III	1.2 NAME	JACK R. CASAGRANDE	
STREET ADDRESS	5888 RIVER ISLE ROAD	1.3 STREET ADDRESS	11550 S.W. 95 AVE.	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	VSD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FOUNTAIN, C.L.	2.2 NAME	JOHN J. FARLEY JR.	
STREET ADDRESS	433 GOLDEN WOOD WAY	2.3 STREET ADDRESS	11245 SW 72 CT.	
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	HILLS, ALAN I	3.2 NAME		
STREET ADDRESS	~~6842 140RD STR NO~~	3.3 STREET ADDRESS	109 COMMANDER CIRCLE	
CITY-ST-ZIP	~~PALM BCH GDNS FL~~	3.4 CITY-ST-ZIP	NEW BERN, N.C. 28562	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joseph P. Kelly III JOSEPH P. KELLY III 2/28/95 407 478-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0243681 CP