

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V05698** (8)
1. Corporation Name
JAMAC PROPERTIES, INC.



Principal Place of Business: **11 GREEN LAKE CIRCLE LONGWOOD FL 32779**
Mailing Address: **11 GREEN LAKE CIRCLE LONGWOOD FL 32779**

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

3. Date Incorporated or Qualified: **01/09/1992** 3a. Date of Last Report: **04/13/1995**
4. FEI Number: ~~59-9191880~~ **59-3137880** Applies For Not Applicable
5. Contribution of State Debentures: **\$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. 199.02, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY
201 E. PINE STREET
SUITE 701
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number - Not Applicable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, this 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, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPTS	<input type="checkbox"/> DELETE
NAME	UNGARO, JAMES J.	
STREET ADDRESS	P.O. BOX 915716 N/A	
CITY, ST, ZIP	LONGWOOD FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	UNGARO, GEORGIANA	
STREET ADDRESS	P.O. BOX 915716 N/A	
CITY, ST, ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
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CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information shown on this filing document is furnished and is true and correct, and is not false or misleading. I further certify that the information shown on this filing document is not false or misleading. I further certify that I am an officer or director of this corporation and that my name appears in Block 12 or Block 13 of this filing document. I am a resident of the State of Florida and my name appears in Block 12 or Block 13 of this filing document. I am a resident of the State of Florida and my name appears in Block 12 or Block 13 of this filing document.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES UNGARO

3/23/96 407/862-6652

CR2E034 (12/95)