## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V70460

(3)

Mailing Address

J.A.M. CORPORATION OF LEE COUNTY

FILED May 09 1997 8:00am Secretary of State

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| 1011 3RD STREET<br>FT. MYERS BEACH FL 33931<br>US           |  | 1011 3RD STREET<br>FT. MYERS BEACH FL 33931-2605<br>US |              |                |                  | 3. Date Incorporated or Qualified  | 3a. Date of        |                                | eport                    |  |
|---|--|--|--------------|----------------|------------------|--|--------------------|--------------------------------|--------------------------|--|
| 2. Principal Place of Business 2a. Mailing Address          |  |  |              |                |                  | 10/07/1992   | 04/26/1996         |                                |                          |  |
|   | RESCOTT ST.  | 400 000000   | իսի գրե      |                |                  | 4. FEI Number 65-0361414   |                    |                                | plied For                |  |
| 21 920 P1<br>Suite, Apt.                                    |  | Suite, Apt. #, etc.                                    |              |                |                  | CO 75  |                    |                                |                          |  |
| 22  |  | 27   | ¬ '''        |                |                  | 5. Certificate of Status Desired   |                    | Fee Re                         |                          |  |
| City & State  | 9  | City & State   |              |                |                  | Election Campaign Financing     Trust Fund Contribution  |                    | \$5.00 May Be<br>Added to Fees |                          |  |
| 7(p)  | Country 25   | Zip 29   | Co.          | intry          |                  |  | Yes 🔲 No           |                                | 199.032,                 |  |
|   | 9. Name and Address of Curr  | ent Registered Agent                                   |              |                |                  | 10, Name and Address of New Regi   | stered Agen        | t                              | ,                        |  |
| MAISEL, JUDY<br>1011 3RD STREET<br>FT. MYERS BEACH FL 33931 |  |  |              | 81<br>82<br>83 | Street /<br>9 20 | Address (P.O. Box Number is Not Acceptable PRESCOTT STREET                                       | )                  |                                |                          |  |
|   |  |  |              | 84             | City             |  | FL 85              | i '                            |                          |  |
| SIGNATURE   | to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the oblined to the properties agent to the stamper of th |  |              |                |                  | corporation submits this statement for the pur<br>poration's board of directors. I hereby accept |                    | iging its                      | registered<br>registered |  |
| 12.   |  | ND DIRECTORS   | E: Registere | d Ager         | t signature      | required when reinstating)  ADDITIONS/CHANGES TO OFFICE  | DATE<br>DC AND DID | ECTOR                          | C IN 12                  |  |
| THE   | PST  | DELETE   | 1.17         | ITLE           |                  | ADDITIONS/CHANGES TO OFFICE  |                    | hange                          | Addition                 |  |
| NAME  | MAISEL, JUDY   |  | 1.2 N        |                |                  |  | <del></del> -      | •                              |                          |  |
| STREET ADDRESS  | 1011 3RD STREET  |  |              |                | ADDRESS          | 920 PRESCOTT STREET  |                    |                                |                          |  |
| CHIY-ST-Z:P   | ft. Myers beach fl.  |  | 1.4 0        | TY-ST          | -ZIP             | FORT MYERS, FL 33931   |                    |                                |                          |  |
| TITLE   | D  | DELETE   | 2.1 T        | TLE            |                  |  | <b>K</b> J 0       | hange                          | Addition                 |  |
| NAME  | MAISEL, JUDY   |  | 2.2 N        | <b>3MA</b>     |                  |  |                    |                                |                          |  |
| STREET ADORESS  | 1011 3RD STREET  |  | 2.3 \$       | TREET          | address          | 9.20 PRESCOTT STREET   |                    |                                |                          |  |
| CITY-SI-ZIF   | FT. MYERS BEACH FL   |  |              | CITY-S         | 1-21P            | FORT MYERS, FL 33931   |                    |                                | 1                        |  |
| THUE  |  | ☐ DELETE   | 3.1 1        |                |                  |  |                    | hange                          | Addition                 |  |
| NAME  |  |  | 3.2 N        |                |                  |  |                    |                                |                          |  |
| STREET ADDRESS  |  |  |              |                | ADDRESS          |  |                    |                                |                          |  |
| Cify-S <sup>7</sup> -ZiP                                    |  | DELETE.  |              | HY-S           | r-ZiP            |  | П,                 | hanan                          | Addition                 |  |
| HILE  |  | ☐ DELETE   | 4.1 Ti       |                |                  |  |                    | hange                          | Addition                 |  |
| NAME<br>Amora Monarca                                       |  |  | 4.21         |                | 1000000          |  |                    |                                |                          |  |
| STREET ADDRESS  |  |  |              |                | ADDRESS          |  |                    |                                |                          |  |
| CITY - S1 - ZIP   |  | ☐ DELETE   | 4.4 C        | ITY-ST         | · ZIP            |  | TTr                | hange                          | Addition                 |  |
| TITLE<br>NAME   |  | - President  | 5.2 N        |                |                  |  |                    | and Re                         | enground .               |  |
| STREET ADDRESS  |  |  |              |                | ADDRESS          |  |                    |                                |                          |  |
|   |  |  |              |                |                  |  |                    |                                |                          |  |
| CITY+\$1+7iF<br>TITLE                                       |  | ☐ DELETE   | 5.4 C        | ITY-ST         | - ZIP            |  | П                  | hange                          | Addition                 |  |
| NAME  |  |  | 6.2 N        |                |                  |  | ٠ اسما             | - was sign                     | - (100,00)               |  |
| STREET ADDRESS  |  |  |              |                | ADORESS          |  |                    |                                |                          |  |
|   |  |  |              | ITY-ST         |                  |  |                    |                                |                          |  |
| CHY-SI-7IP  |  |  | 040          | 111-31         | 711              |  |                    |                                |                          |  |

14. I do hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A LIANS EL 4 30 97 MILYLS 8585