

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V72642** (4)

1. Corporation Name

JACOM, INC.

Principal Place of Business

1851 NE MIAMI GARDENS DR.
N. MIAMI BEACH FL 33179
US

Mailing Address

1851 NE MIAMI GARDENS DR.
N. MIAMI BEACH FL 33179
US



2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STANLEY A. JACOBSON
2180 N.E. 204TH STREET
SUITE 202
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

10/16/1992

3a. Date of Last Report

01/31/1995

4. FEI Number

65-0359269

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

(Signature of Principal Officer or Director, Agent, or Registered Agent)

(If 2b, Registered Agent signature is purchased separately)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

DP
JACOBSON, STANLEY
1851 N.E. MIAMI GDNS. DR.
N. MIAMI BEACH FL

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

DVP
DEBRA JACOBSON
2180 N.E. 204ST
NORTH MIAMI BEACH FL

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

STANLEY A. JACOBSON

2/13/96

305-932-5140

Do Not Phone

CR2E034 (12/95)