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

PROFIT Apr 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G17491 (3)KJCO, INC. Mailing Address Principal Place of Business 3200 NW 23RD AVE. BLDG P STE 100 3200 NW 23RD AVE. BLDG P STE 100 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-2249915 21 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property 1ax due June 30. ☐ Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACKSON, KENNETH G 3200 NW 23RD AVE, BLDG P STE 100 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 83 City 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 Statu 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. typed or pointed name of registered agent and title if applicable (NOTL Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME JACKSON, KENNETH G 1.2 NAME 3200 NW 23RD AVE BLDG P STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-7P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition THILE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE 4.1 THILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1-2IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST- ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 armunal report is frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 are placehinent with ap address.

SIGNATURE:

FILED