COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 08, 1999 8:00 am
Secretary of State
09-08-1999 90010 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019758
Corporation Name
JKM FINANCIAL, INC.

Principal Place of Business	Mailing Address
0 REEF RD ERO BCH FL 32963 S	236 KEY PALM ROAD BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1996

Principal Place of Business: 20875 VIA MADEIRA	2a. Mailing Address 26: 20875 VIA MADGRA	4. FEI Number: 65-0653217	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: BOCA RATON, FL	City & State 28: BOCA RATON, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 33433 / Country 25: USA	Zip 29: 33433 / Country 30: USA	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

~~WHITLEDGE, JOHN B~~
~~620 REEF RD~~
~~VERO BCH FL 32963~~
20875 VIA MADEIRA
BOCA RATON, FL
33433

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

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: JOHN B WHITLEDGE REGISTERED AGENT 9-1-99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PST	☐ DELETE	1.1 TITLE	PST ☒ Change ☐ Addition
ME	WHITLEDGE, JOHN B		1.2 NAME	WHITLEDGE, JOHN B
EET ADDRESS	620 REEF RD		1.3 STREET ADDRESS	20875 VIA MADEIRA DRIVE
Y-ST-ZIP	VERO BCH FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
LE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME			2.2 NAME	
EET ADDRESS			2.3 STREET ADDRESS	
Y-ST-ZIP			2.4 CITY-ST-ZIP	
LE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME			3.2 NAME	
EET ADDRESS			3.3 STREET ADDRESS	
Y-ST-ZIP			3.4 CITY-ST-ZIP	
LE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME			4.2 NAME	
EET ADDRESS			4.3 STREET ADDRESS	
Y-ST-ZIP			4.4 CITY-ST-ZIP	
LE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME			5.2 NAME	
EET ADDRESS			5.3 STREET ADDRESS	
Y-ST-ZIP			5.4 CITY-ST-ZIP	
LE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME			6.2 NAME	
EET ADDRESS			6.3 STREET ADDRESS	
Y-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

I hereby 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 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: JOHN B WHITLEDGE 9-1-99 561-994-