

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000030668 (2)**  
 1. Corporation Name  
**J & K MANN ASSOCIATES, INC.**



Principal Place of Business <b>102 NE 2ND ST. STE 205 BOCA RATON FL 33432</b>	Mailing Address <b>102 NE 2ND ST. STE 205 BOCA RATON FL 33432</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>04/03/1997</b>	Applied For <input type="checkbox"/> Not Applicable
<b>4.</b> FEI Number <b>05-0745874</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**g. Name and Address of Current Registered Agent**

**MANN, JOHN**  
**102 NE 2ND ST. STE 205**  
**BOCA RATON FL 33432**

**10. Name and Address of New Registered Agent**

**31** Name  
**32** Street Address (P.O. Box Number is Not Acceptable)  
**33**  
**34** City **FL** **35** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1	NAME
NAME		1.2	STREET ADDRESS
STREET ADDRESS		1.3	CITY - ST - ZIP
CITY - ST - ZIP		1.4	
TITLE	<input type="checkbox"/> DELETE	2.1	NAME
NAME		2.2	STREET ADDRESS
STREET ADDRESS		2.3	CITY - ST - ZIP
CITY - ST - ZIP		2.4	
TITLE	<input type="checkbox"/> DELETE	3.1	NAME
NAME		3.2	STREET ADDRESS
STREET ADDRESS		3.3	CITY - ST - ZIP
CITY - ST - ZIP		3.4	
TITLE	<input type="checkbox"/> DELETE	4.1	NAME
NAME		4.2	STREET ADDRESS
STREET ADDRESS		4.3	CITY - ST - ZIP
CITY - ST - ZIP		4.4	
TITLE	<input type="checkbox"/> DELETE	5.1	NAME
NAME		5.2	STREET ADDRESS
STREET ADDRESS		5.3	CITY - ST - ZIP
CITY - ST - ZIP		5.4	
TITLE	<input type="checkbox"/> DELETE	6.1	NAME
NAME		6.2	STREET ADDRESS
STREET ADDRESS		6.3	CITY - ST - ZIP
CITY - ST - ZIP		6.4	

**CM**  
**Sean Gracey**  
**2530 Albatross Rd. No, Unit B**  
**DELRAY BEACH, FL 33444**

**14.** 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: **Cristine D Mann, VD** **4/8/98** **561-278-7885**

CR2E034 (10/97)