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Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S28815 (6)

1. Corporation Name
KJ HOLDINGS, INC.



Principal Place of Business Mailing Address

C/O GEOFFREY RANDALL
201 S BISCAYNE BLVD 1800 MIAMI CNTR
MIAMI FL 33131

C/O GEOFFREY RANDALL
201 S BISCAYNE BLVD 1800 MIAMI CNTR
MIAMI FL 33131-4328

3. Date Incorporated or Qualified **02/01/1991** 3a. Date of Last Report **08/08/1996**

4. FEI Number **65-0255167** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DPST JONES, KATHLEEN WYNN**

STREET ADDRESS **5830 ROCK RIDGE ROAD**

CITY-ST-ZIP **POLK CITY FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1. TITLE

1.2. NAME **Jones, Kathleen Wynn (address)**

1.3. STREET ADDRESS **17090 Rockridge Road**

1.4. CITY-ST-ZIP **POLK CITY FL 33868**

2.1. TITLE

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY-ST-ZIP

3.1. TITLE

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-ST-ZIP

4.1. TITLE

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-ST-ZIP

5.1. TITLE

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-ST-ZIP

6.1. TITLE

6.2. NAME

6.3. STREET ADDRESS

6.4. CITY-ST-ZIP

14. I do 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: **Kathleen Wynn Jones (Kathleen Wynn-Jones)** 2/10/97 (941) 858-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)