

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 2:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 227901

(6)

1. Corporation Name

J.K. APARTMENTS INC.

Principal Place of Business

**C/O SAMUEL M. EDELSTEIN
216 43RD STREET
MIAMI BEACH FL 33140-3202**

Mailing Address

**C/O SAMUEL M. EDELSTEIN
216 43RD STREET
MIAMI BEACH FL 33140-3202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/14/1959

3a. Date of Last Report

03/16/1994

4. FEI Number

59-0873524

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**

6. 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDELSTEIN, BERNARD S
9365 COLLINS AVE
SURFSIDE FL 33154**

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 the 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 (typed or printed name of registered agent and then a signature)

(if 311 Registered Agent signature required after consulting)

(date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	EDELSTEIN, A. J.
STREET ADDRESS	40 ISLAND AVENUE
CITY ST ZIP	MIAMI BEACH FL
TITLE	VD
NAME	EDELSTEIN, BERNARD
STREET ADDRESS	9365 COLLINS AVENUE
CITY ST ZIP	SURFSIDE FL
TITLE	S
NAME	EDELSTEIN, MARGARET
STREET ADDRESS	2140 NE 121 STREET
CITY ST ZIP	NORTH MIAMI FL
TITLE	V
NAME	FEINBERG, IRWIN L.
STREET ADDRESS	3 JAEGER DRIVE
CITY ST ZIP	OLD BROOKVILLE NY
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: x *Bernard Edelstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

271/95 *205* *864-2232*
(date) (typed Name)