

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdick
Secretary of State

1996-12-96 *BS* 1004 *NC* CORPORATIONS

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**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

3. Date Incorporated or Qualified
09/14/1959

3a. Date of Last Report
04/27/1995

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**

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

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 607.1502, 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

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, A. J.	1.2 NAME	
STREET ADDRESS	40 ISLAND AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, BERNARD	2.2 NAME	
STREET ADDRESS	9365 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	SURFSIDE FL	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, MARGARET	3.2 NAME	
STREET ADDRESS	2140 NE 121 STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	NORTH MIAMI FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, IRWIN L.	4.2 NAME	
STREET ADDRESS	3 JAEGER DRIVE	4.3 STREET ADDRESS	
CITY, ST, ZIP	OLD BROOKVILLE NY	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 119.07(3)(k), 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 in an affidavit with an address.

SIGNATURE: *Bernard Edelstein* VIP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/96 305-864-0842
DATE OF FILING

CR2E034 (12/95)