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Feb 11, 1999 8:00 am
Secretary of State

02-11-1999 90021 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 227901

1. Corporation Name
J.K. APARTMENTS INC.

Principal Place of Business
**C/O SHEP EDELSTEIN
216 43RD STREET
MIAMI BEACH FL 33140-3202
US**

Mailing Address
**C/O SHEP EDELSTEIN
216 43RD STREET
MIAMI BEACH FL 33140-3202
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1959

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

Bernard Edelstein
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **EDELSTEIN, A. J.**
STREET ADDRESS **40 ISLAND AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VD** ☐ DELETE

NAME **EDELSTEIN, BERNARD**
STREET ADDRESS **9365 COLLINS AVENUE**
CITY-ST-ZIP **SURFSIDE FL**

TITLE **S** ☐ DELETE

NAME **EDELSTEIN, MARGARET**
STREET ADDRESS **9341 COLLINS AVE APT 708**
CITY-ST-ZIP **SURFSIDE FL**

TITLE **V** ☐ DELETE

NAME **FEINBERG, IRWIN L.**
STREET ADDRESS **3 JAEGER DRIVE**
CITY-ST-ZIP **OLD BROOKVILLE NY**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

12/16/98 305 864-0842

CR2E034 (11/98)