

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 294109 (4)  
1. Corporation Name  
KJS STUDIO, INC.



Principal Place of Business  
8201 S TAMiami TRAIL  
SARASOTA SQUARE MALL  
SARASOTA FL 34238-2932

Mailing Address  
8201 S TAMiami TRAIL  
SARASOTA SQUARE MALL  
SARASOTA FL 34238-2932

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	8388 N LOCKWOOD RIDGE	27	8388 N LOCKWOOD RIDGE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	SARASOTA FL	28	SARASOTA FL
Zip		Zip	
24	34243	29	34243
Country		Country	
25		30	

3. Date Incorporated or Qualified	
06/21/1965	
4. FEI Number	Applied For
59-1109617	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 or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEINFORTH, CLAIRE 3219 PINE VALLEY DR. SARASOTA FL 34239		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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	STEINFORTH, CLAIRE	1.2 NAME	CLAIRE STEINFORTH
STREET ADDRESS	8201 SOUTH TAMiami TRAIL	1.3 STREET ADDRESS	8388 N LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	SD	2.1 TITLE	SD
NAME	STEINFORTH, ROBERT E	2.2 NAME	ROBERT E STEINFORTH
STREET ADDRESS	8201 SOUTH TAMiami TRAIL	2.3 STREET ADDRESS	8388 N LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA FL 34243
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_ 11/14/98 2441221-8432

CR2E034 (10/97)