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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 426934

(6)

1. Corporation Name
J.K. DEVELOPMENT, CORP.



Principal Place of Business
4110 E. 11TH AVE.
HIALEAH FL 33013

Mailing Address
4110 E. 11TH AVE.
HIALEAH FL 33013-2508

3. Date Incorporated or Qualified 05/29/1973	3a. Date of Last Report 04/02/1996
4. FEI Number 26-4647214	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

KUZNARIK, JOHN
724 90 ST
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 this statement for the purpose of changing its registered office or registered agent, 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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

John Kuznarik President

3/14/97

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PT	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME KUZNARIK, JOHN	1.2 NAME
3. STREET ADDRESS 724 90 ST	1.3 STREET ADDRESS
4. CITY - ST - ZIP SURFSIDE FL	1.4 CITY - ST - ZIP
5. TITLE VPS	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME MASON, SHIRLEY A	2.2 NAME
7. STREET ADDRESS 724 90 ST	2.3 STREET ADDRESS
8. CITY - ST - ZIP SURFSIDE FL	2.4 CITY - ST - ZIP
9. TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY - ST - ZIP	3.4 CITY - ST - ZIP
13. TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY - ST - ZIP	4.4 CITY - ST - ZIP
17. TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY - ST - ZIP	5.4 CITY - ST - ZIP
21. TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY - ST - ZIP	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 contained 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:

John Kuznarik

3/14/97

(305)685-5105

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0119478

CR2E034 (9/96)