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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 441123

(7)

K-B-J, INC.

| Principal Place of Business Mailing Address  |  |                                  |              |   |   | A MANAGEMENT DIRECTOR STATES AND A STATE STATES AND A STATE OF THE STATES AND A STATES AND A STATE OF THE STATES AND A STATE OF THE STATES AND A STATES AND A STATE OF THE STATES AND A STATE OF THE STATES AND A STA | MINEL WILLIAM | HI WINK BINII        |                  |
|--|--|----------------------------------|--------------|---|---|--|---------------|----------------------|------------------|
| 1206 N. E. 3RD AVENUE 1206 N. E. 3RD AV DELRAY BEACH FL 33444-4006 DELRAY BEACH FL |  |                                  |              |   |   |  |               |                      |                  |
|  |  |                                  |              |   |   | <ol> <li>Date Incorporated or Qualified</li> <li>12/04/1973</li> </ol>   |               | of Last Re<br>1/1996 | aport .          |
| 2. Principal Pl  | lace of Business   | 2a. Mailing Address              |              |   |   | 4, FEI Number  |               | <u></u>              | plied For        |
| 21   |  | 26                               | ··           |   |   | 59-1524390   |               | <del></del>          | t Applicable     |
| Suite, Apt   | #, etc   | Suite, Apt. #, etc.              |              |   |   | 5. Certificate of Status Desired   |               | \$8.75 A             |                  |
|  |  |                                  |              |   | *************************************** |  |               |                      |                  |
| 23   |  | 28                               |              |   |   | Election Campaign Financing     Trust Fund Contribution  |               | \$5.00<br>Added t    |                  |
| Zip  | Country  | Zip                              | Cou          | untry   | 411174                                  | 8. This corporation has liability for  | intangible to |                      |                  |
| 24   | 25   | 29                               | 30           |   |   | 1 7  |               | No                   |                  |
|  | g, Name and Address of Curren  | t Registered Agent               |              | ļ.,   |   | 10. Name and Address of New Re   | gistered A    | <b>je</b> nt         |                  |
| CAL  | LAWAY, JAY P   |                                  |              | 81  | Name                                    |  |               |                      |                  |
| 1206 NE 3RD AVENUE   |  |                                  |              | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |               | n <del></del>        |                  |
| DELRAY BEACH FL 33444  |  |                                  |              | -   |   |  |               |                      |                  |
|  |  |                                  |              | 83  |   |  |               |                      |                  |
|  |  |                                  |              | 84  | City                                    |  | FL            | <b>85</b> Zip (      | Code             |
| 11. Pursuant t   | to the provisions of Sections 607,050.   | 2 and 607.1508, Florida Statute  | s, the a     | bove  | -named cor                              | poration submits this statement for the p  | urpose of c   | hanging it           | s registered     |
| office or n  | egistered agent, or both, in the State<br>m familiar with, and accept the obliga | ations of, Section 607.0505, Fig | rida Sta     | tutes   | ine corpora<br>:                        | poration submits this statement for the pation's board of directors. I hereby acceptation's  | n me appoi    | nimeni as            | registered       |
| SIGNATURE  |  |                                  |              |   |   |  |               |                      |                  |
|  | Signature, typed or printed name of registered ago                               |                                  |              | d Ager  | rper arutangia In                       | ulred when reinstating)  | DATE          | DIDECTOR             |                  |
| 12.  | OFFICERS AN  | DELETE                           | 13.<br>1.1 T | 17) E   |   | ADDITIONS/CHANGES TO OFFIC   |               | Change               | S IN 12 Addition |
| NAME   | PD<br>Callaway (Jay P.)  |                                  | 1.2 NAME     |   | 1                                       |  | _             | _ change             |                  |
| STREET ADDRESS   | 1206 NE 3RD AVENUE   |                                  |              |   | ADDRESS                                 |  |               |                      |                  |
| CrTY - \$1 - ZiP   | DELRAY BEACH FL  |                                  | - 2          | iTY-ST  | 1                                       |  |               |                      | (3               |
| TITLE  | ST   | DELETE                           | 2.1 TITLE    |   |   |  |               | Change               | Addition         |
| NAME   | • ·  |                                  | 2.2 N        | AME   |   |  |               |                      |                  |
| STREET ADDRESS   | 9191 WHIPPERWILL PASS  |                                  | 2.3 S        | TREET   | ADDRESS                                 |  |               |                      |                  |
| CITY+S1-ZIF  | WEST PALM BEACH FL   |                                  | _            | CITY - S  | T-ZIP                                   |  |               |                      |                  |
| THILE  | V  | DELETE                           | 3.1 TITLE    |   |   |  | l             | Change               | Addition         |
| NAME   | CALLAWAY, JAY MAJOR  |                                  | 3.2 N        | AME   |   |  |               |                      |                  |
| STHEET ADDRESS   | 508 N. COUNTRY CLUB DR.  |                                  | 3.3 S        | TREET   | ADDRESS                                 |  |               |                      |                  |
| CITY-ST ZiP  | ATLANTIS FL  | DELETE                           |              | CITY - S  | T-ZIP                                   |  | <del></del>   | T Change             | Addition         |
| Till E   |  |                                  | 4.1 T        | ITLE<br>NAME  |   |  | L             | Change               | Addition         |
| NAME<br>PRODUCT ADDRESS  |  |                                  |              |   | ADDRESS                                 |  | ;             |                      | j                |
| STREET ADDRESS   |  |                                  | 1            | ITY-ST  | ADDRESS                                 |  |               |                      | 1                |
| DITY - ST - ZIP<br>TITLE   |  | DELETE                           | 4.4 D        |   | 1-41F                                   |  |               | Change               | ☐ Addition       |
| NAME.  |  | hand several to                  | 52 N         |   |   |  |               |                      |                  |
| STREET ADORESS   |  |                                  | ı            |   | ADDRESS                                 |  |               |                      |                  |
| CITY-ST-ZIF  |  |                                  |              | 11Y - S1  |   |  |               |                      |                  |
| I-ILF  |  | ☐ DELETE                         | 6.1 T        |   |   |  | [             | Change               | Addition         |

62 NAME 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do noreby 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 12 or Block 12 or Block 12 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 16 or Block 17 or Block 18 or Bloc

**FILED** 

Mar 31 1997 8:00am

Secretary of State