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FILED
Jun 10 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 # F94000006529
1. Corporation Name

JRK ASSET MANAGEMENT, INC.

Principal Place of Business Mailing Address
11766 Wilshire Blvd., Suite 1270
Los Angeles, California 90025

3. Date Incorporated or Qualified 12/21/94
3a. Date of Last Report 4/8/96

2. Principal Place of Business 21 11766 Wilshire Blvd. Suite, Apt. #, etc. 22 Suite 1270 City & State 23 Los Angeles, CA 90025 Zip 24 90025	2a. Mailing Address 26 11766 Wilshire Blvd. Suite, Apt. #, etc. 27 Suite 1270 City & State 28 Los Angeles, CA 90025 Zip 29 90025	4. FEI Number 95-4337954 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$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 type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

Nationscorp Registered Agents, Inc.
526 East Park Avenue
Suite 200
Tallahassee, FL 32302

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	President; CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Lippman	1.2 NAME	
STREET ADDRESS	11766 Wilshire Blvd. #1270	1.3 STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90025	1.4 CITY-ST-ZIP	
TITLE	Sr. V.P.; Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John S. McKee	2.2 NAME	
STREET ADDRESS	11766 Wilshire Blvd. #1270	2.3 STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90025	2.4 CITY-ST-ZIP	
TITLE	Chief Financial Officer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Schulman	3.2 NAME	
STREET ADDRESS	11766 Wilshire Blvd. #1270	3.3 STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90025	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	800002211738
STREET ADDRESS		5.3 STREET ADDRESS	-06/13/97--01057--008
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE	<input type="checkbox"/> DELETE	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 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: John S. McKee, Sr. V.P. 6/5/97 (310) 268-8344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)