

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90085 049 \*\*\*150.00

DOCUMENT # **F94000006529**

1. Corporation Name

**JRK ASSET MANAGEMENT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**11766 WILSHIRE BLVD SUITE 1270  
LOS ANGELES CA 90025**

Mailing Address  
**11766 WILSHIRE BLVD SUITE 1270  
LOS ANGELES CA 90025**

2. Principal Place of Business  
21 **11766 Wilshire Blvd**  
Suite, Apt. #, etc.  
22 **Suite 1450**  
City & State  
23 **Los Angeles, CA**  
Zip Country  
24 **90025** 25 **USA**  
2a. Mailing Address  
26 **11766 Wilshire Blvd**  
Suite, Apt. #, etc.  
27 **Suite 1450**  
City & State  
28 **Los Angeles, CA**  
Zip Country  
29 **90025** 30 **USA**

3. Date Incorporated or Qualified

**12/21/1994**

4. FEI Number

**95-4337954**

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

9. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS INC.  
526 EAST PARK AVE.  
STE. 200  
TALLAHASSEE FL 32302**

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

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          | <b>PCEO</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>LIPPMAN, JAMES</b>                 |                                 |
| STREET ADDRESS | <b>11766 WILSHIRE BLVD SUITE 1270</b> |                                 |
| CITY-ST-ZIP    | <b>LOS ANGELES CA 90025</b>           |                                 |
| TITLE          | <b>SVP</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>MC KEE, JOHN S</b>                 |                                 |
| STREET ADDRESS | <b>11766 WILSHIRE BLVD SUITE 1270</b> |                                 |
| CITY-ST-ZIP    | <b>LOS ANGELES CA 90025</b>           |                                 |
| TITLE          | <b>CFO</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>SCHULMAN, JAY</b>                  |                                 |
| STREET ADDRESS | <b>11766 WILSHIRE BLVD SUITE 1270</b> |                                 |
| CITY-ST-ZIP    | <b>LOS ANGELES CA 90025</b>           |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/99**

**310-268-8344**

Date

Daytime Phone #

CR2E034 (11/98)