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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G54600** (3)

J K ENTERPRISES OF DEERFIELD BEACH, INC.

Principal Place of Business
**6500 N W 15 AVE STE 100
FT. LAUDERDALE, FL
FT. LAUDERDALE FL 33309**

Mailing Address
**6500 N W 15 AVE STE 100
FT. LAUDERDALE, FL
FT. LAUDERDALE FL 33309**

100001547901
-07/27/95--01072--005
******233.75 ****233.75**
DO NOT WRITE IN THESE SPACES

3. Date incorporated or qualified 08/17/1983	3a. Date of Last Report 07/26/1994
4. FET Number 59-2336414	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 has liability for intangible tax under 1991 U.S. Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BURGER, ALAN M. ESQ PA
9990 SW 77TH AVE.
PENTHOUSE 5
MIAMI FL 33156**

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 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
1. NAME DP KAPLAN, JAN 2. STREET ADDRESS 6500 N.W. 15TH AVE. 3. CITY, ST, ZIP FT. LAUDERDALE FL		1.1 TITLE ☐ Change ☐ Addition	
4. NAME D KAPLAN, KAREN 5. STREET ADDRESS 6500 N.W. 15TH AVE. 6. CITY, ST, ZIP FT. LAUDERDALE FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that, not equally for the corporation stated in Sections 119.012, 119.013, Florida Statutes. I further certify that the information submitted 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 manager or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 13, if changed, on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Kaplan

7/14/95 305 978-0400