FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K04848** (3)

1. Corporate Name

JKJ MANAGEMENT CORPORATION II

Principal Place of Business	Mailing Address
~~733 W. STATE RD 436, STE 2001~~ ALTAMONTE SPRGS FL 32714	~~733 W. STATE RD 436, STE 2001 ALTAMONTE SPRGS FL 32714~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1987	3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2867202	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 S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 405 Douglas Ave	26 P.O. Box 917359
Suite, Apt. #, etc. 22 Suite 1955	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Longwood, Fl.
Zip 24 Country 25	Zip 29 32791 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACONETTI, GEORGE	81 Name
~~SUITE 2001~~	82 Street Address (P.O. Box Number is Not Acceptable) 405 Douglas Ave
~~733 W. STATE RD 436~~	83 Suite 1955
ALTAMONTE SPRINGS 32714	84 City Altamonte Springs FL 85 Zip Code 32714

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] V.P. 4-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1 TITLE	☒ Change ☐ Addition
NAME	KAHN, JEROME B.	1 NAME	
STREET ADDRESS	~~733 W. STATE RD 436~~	1 STREET ADDRESS	405 Douglas Ave Suite 1955
CITY ST ZIP	ALTAMONTE SPRGS FL	1 CITY ST ZIP	
TITLE	SVP	2 TITLE	☒ Change ☐ Addition
NAME	JACONNETTI, GEORGE	2 NAME	
STREET ADDRESS	~~733 W. STATE RD 436~~	2 STREET ADDRESS	405 Douglas Ave Suite 1955
CITY ST ZIP	ALTAMONTE SPRGS FL	2 CITY ST ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		3 CITY ST ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: [signature] V.P. 4-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0008777 CP