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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90010 044 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K04848 1. Corporation Name

JKJ MANAGEMENT CORPORATION II

								/ 	
Principal Pla	ace of Business	Mailing Ad	dress] i and i m i s i and i		TEL MINIT MINIT	. BIBIT PION 1081
405 DOUGLAS	S AVENUE	P.O. BOX 9	17359						
SUITE 1955			LONGWOOD FL 32791						
ALTAMONTE SPRGS FL 32714 US						DO NOT WRITE IN THIS SPACE			
US	•					3. Date Incorporated or Qualifed		•	
	: · · · · · · · · · · · · · · · · · · ·					12/03/1987			
2. Principal	Place of Business	2a. Mailing	Address			4. FEI Number		A	pplied For
21		26				59-2867202		N	lot Applicable
Suite, Ap	ot. #, etc.	Suite, A	Apt. #, etc.						Additional
22		27			بالمناس عدادات للسجاب	5. Certifcate of Status Desired			Required,
City & St	ate	City &	State			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			I to Fees
Zip _.	Country	Zip	Co	ountry					101003
24	25	29	30	,		This corporation owes the curre Personal Property Tax.	-	∏ Yes	□No
	9. Name and Address of Curr					10. Name and Address of New R		. —	
	3. Name and Address of Cur		Acur.	81	Name	10. Name and Address of New R	redisteren w	gent	
JAI.	CONETTI, GEORGE	· .		"	Name	-	• ,		
	DOUGLAS AVENUE	Marie Control		82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
	TE 1955						NI SINTS I		. 3. 40
				83		· 网络网络海绵马黎马黎	的生物	14,152	引用 建铁石矿
AL	TAMONTE SPRINGS 32714			84	6		<u> 14 (8 9 9) - 13</u>	<u>, 136,435</u>	## 1 \$ 5
				64	City		FL	85 Zip	Code" `
11. Pursuar	nt to the provisions of Sections 607.0	0502 and 607.1508.	Florida Statutes, the	above	-named corpo	ration submits this statement for the	numose of c	hanging it:	s registered
office or	registered agent, or both, in the Sta	te of Florida. Such	change was authorize	ed by t	the corporation	n's board of directors. I hereby accep	t the appoint	ment as re	egistered
agent. I	am ramiliar with, and accept the obli	igations of, Section	607.0505, Fiorida Sta	anures .					
\$10.		_							
SIGNATURE	E								
	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Register	ed Agent		when reinstating)	DATE		<u>-</u>
12.	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable.	(NOTE: Registers	ed Agent		when reinstating) ADDITIONS/CHANGES TO OFF			
12. TITLE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable.	(NOTE: Registero	ed Agent 3. TITLE		when reinstating)		DIRECTO	ORS IN 12
12.	Signature, typed or printed name of registered a OFFICERS PT KAHN, JEROME B.	agent and title if applicable.	(NOTE: Registero	ed Agent		when reinstating) ADDITIONS/CHANGES TO OFF			
12. TITLE	Signature, typed or printed name of registered of OFFICERS	agent and title if applicable.	(NOTE: Register 13 DELETE 1.1 1.2	ed Agent 3. TITLE NAME		when reinstating) ADDITIONS/CHANGES TO OFF			
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12. TITLE NAME STREET ADDRES	Signature, typed or printed name of registered of OFFICERS PT KAHN, JEROME B. 405 DOUGLAS AVENUE,SUIT	agent and title if applicable.	(NOTE: Register 13 13 14 12 13 14	ed Agent TITLE NAME STREET	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND		
12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	PT KAHN, JEROME B. s 405 DOUGLAS AVENUE,SUIT ALTAMONTE SPRGS FL SVP	agent and title if applicable.	(NOTE: Registere 1.1 1.2 1.3 1.4 1.4 1.4 1.4 1.5 1.4 1.5	ed Agent TITLE NAME STREET CITY-ST TITLE	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND	Change	☐ Addition
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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 officer or director of the corpor Block 12 or Block 13 if change

6.4 CITY-ST-ZIP

SIGNATURE: