

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K20122** (3)

1. Corporation Name
J. L. K., INC.



Principal Place of Business: **1061 N.W. 50TH DR. POMPANO BEACH FL 33064-8631**
Mailing Address: **1061 N.W. 50TH DR. POMPANO BEACH FL 33064-8631**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/04/1988**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0038702**
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

g. Name and Address of Current Registered Agent

**KOSTH, JOCELYNE
1061 NW 50TH DRIVE
POMPANO BEACH 33064**

10. Name and Address of New Registered Agent

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

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PD**
2. NAME: **KOSTH, JOCELYNE**
3. STREET ADDRESS: **1061 N.W. 50TH DR.**
4. CITY-ST-ZIP: **POMPANO BEACH FL**

5. TITLE: DELETE

6. STREET ADDRESS: DELETE

7. NAME: DELETE

8. STREET ADDRESS: DELETE

9. CITY-ST-ZIP: DELETE

10. TITLE: DELETE

11. NAME: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE: Change Addition
2. 1.2 NAME
3. 1.3 STREET ADDRESS
4. 1.4 CITY-ST-ZIP
5. 2.1 TITLE: Change Addition

6. 2.2 NAME
7. 2.3 STREET ADDRESS
8. 2.4 CITY-ST-ZIP: Change Addition

9. 3.1 TITLE: Change Addition
10. 3.2 NAME
11. 3.3 STREET ADDRESS
12. 3.4 CITY-ST-ZIP: Change Addition

13. 4.1 TITLE: Change Addition
14. 4.2 NAME
15. 4.3 STREET ADDRESS
16. 4.4 CITY-ST-ZIP: Change Addition

17. 5.1 TITLE: Change Addition
18. 5.2 NAME
19. 5.3 STREET ADDRESS
20. 5.4 CITY-ST-ZIP: Change Addition

21. 6.1 TITLE: Change Addition
22. 6.2 NAME
23. 6.3 STREET ADDRESS
24. 6.4 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(3)(k), 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: *Jocelyne L. Koth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96
DATE
(954) 426-9504
DAYTIME PHONE #

CR2E034 (12/95)