

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 33064-8831~~ } CHANGE TO **781 N.E. 195TH STREET N. MIAMI BEACH, FL 33179**
 Mailing Address: ~~1061 N.W. 50TH DR. POMPANO BEACH FL 33064-8831~~ } **781 N.E. 195TH STREET N. MIAMI BEACH, FL 33179**

3. Date Incorporated or Qualified: **04/04/1988** 3a. Date of Last Report: **04/02/1986**
 4. FEI Number: **65-0038702** 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: **J.L.K. INC.**
 21. Suite, Apt. # etc.: **781 N.E. 195TH STREET**
 22. City & State: **N. MIAMI BEACH, FL.**
 23. Zip: **33179** Country: **US**
 24. Mailing Address: **J.L.K. INC.**
 25. Suite, Apt. #, etc.: **781 N.E. 195TH STREET**
 26. City & State: **N. MIAMI BEACH, FL**
 27. Zip: **33179** Country: **US**
 28. 29. 30.

9. Name and Address of Current Registered Agent: **KOSTH, JOCELYNE**
~~1061 NW 50TH DRIVE POMPANO BEACH 33064~~ } came to **KOSTH, JOCELYNE**
781 N.E. 195TH ST.
N. MIAMI BEACH, FL 33179
 10. Name and Address of New Registered Agent:
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTH, JOCELYNE	1.2 NAME	
STREET ADDRESS	1061 N.W. 50TH DR. } CHANGE ADDRESS AS ABOVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or is changed, or on an attachment with an address.

SIGNATURE: Jocekyne KOSTH Date: 2-7-97 (305) 651-5418

CR2E034 (9/96)