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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K21715

(3)

JMK EQUIPMENT, INC.

Principal Place of Business Mailing Address				 -		AL BARIC BEREN BIRNI BARIC BARIC BIRNI INDI	
5254 NW 106 DR CORAL SPRINGS FL 33076 US		5254 NW 106 DR CORAL SPRINGS US	CORAL SPRINGS FL 33076		DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualified		
					04/25/1988		
	lace of Business	2a. Mailing Address			4. FEt Number	Applied For	
Suite, Apt.	# atc	Suite, Apt. #, etc			65-0048057	Not Applicable \$8.75 Additional	
22			3010, 742. n, 010.		5. Certificate of Status Desired	Fee Required	
City & State	0	City & State			8. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country Z(p)		<u> </u>	Country 8. This corporation owes or has paid the current year Intangible			
24	25	[29]	30		Personal Property Tax due June 3		
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Reg	istered Agent	
ROCKMAN, LOUIS M.			Ľ				
8500 SW 92ND ST Suite 108			8	2 Street Add	dress (P.O. Box Number is Not Acceptable	∍)	
	RAMI FL 33156		8	3	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70.1.1.1	
	Will I L GO 190		<u> </u>	4 0:		at Tip Code	
			8	4 City		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida S e of Horida. Such change v	tatutes, the aboves authorized	ve-named cor	poration submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
agent la	m familiar with, and accept the oblig	gations of, Section 607.050	5, Florida Statut	08			
SIGNATURE	Signature, typed or print a name of registered ag	more word table of survive share	(NOTE: Boxis torost A	non' siangula regu	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.	gent agnature requ	ADDITIONS/CHANGES TO OFFICE		
TITLE	PVS	DELETE				Change Addition	
NAME	KRAMER, JAMES M.		1.2 NAM				
STREET ADDRESS	5254 NW 106 DR		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY	-\$1-ZIP			
TITLE	TD	☐ DELETE	2 1 TITLE			Change Addition	
NAME	KRAMER, JAMES M.		2.2 NAM				
STREET ADDRESS	5254 NW 106 DR CORAL SPRINGS FL			ET ADDRESS			
CITY-ST-ZIP TITLE	CONAL OF MINOS I L	DFLETE		- \$1-ZIP		Change Addition	
NAME			3.2 NAM			_ ,	
STREET ADDRESS			3.3 STRE	E1 ADDRESS			
CITY+ST-ZIP			3.4 CITY	- ST - ZIP			
TITLE		☐ DELETE	4.1 1111.6			Change Addition	
NAME			4. 2 NAM	E			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		ALC:TO	4.4 CITY			Change Addition	
TITLE		☐ DECETE	i			☐ Change ☐ Addition	
NAME CTRECT ADDRESS			5 2 NAM				
STREET ADDRESS			5.3 STRE 5.4 CITY	ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE				Change Addition	
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
			I				

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 Block 12 or Block 13 if changed, or on an attachment with an address.

AIANIATURE

alines W. Viannes F

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4-27-98

(305) 685-4762

FILED

May 01 1998 8:00am

Secretary of State