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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K35155

(6)

Mailing Address

JK'S SCREEN BUILDER FACTORY INC.

FILED
Mar 31 1998 8:00am
Secretary of State



FLEA WORLD P. O. BOX 95 HWY 17-92 #Q25 LAKE MARY F SANFORD FL 32773 US					DO NOT WRITE I	N THIS SPACE	
US					3. Date Incorporated or Qualified 09/26/1988		
	Place of Business	2a. Mailing Address	- 1.1	~//	4. FEI Number		plied For
Suite, Apt.	Mr. as 460Ve	26 Suite, Apt. #, etc.	<u> </u>	ove	59-2913329		t Applicable
22		27			5. Certificate of Status Desired	□ \$8.75 / Fee Re	,
City & Stat	le	City & State			6, Election Campaign Financing	\$5.00	May Be
23	, , , , , , , , , , , , , , , , , , ,	28			Trust Fund Contribution	Added 1	
Zip	Country	Zip	_ Country	1	8. This corporation owes or has paid		- - 1
24	25 9. Name and Address of Current		0		Personal Property Tax due June 3		J No
00	· · · · · · · · · · · · · · · · · · ·	negistered Agent	81	Name	10. Name and Address of New Reg	istered Agent	
	VIA, JANICE		0.	Marile	SAME		
	S BEDFORD ROAD		82	Street Ad	dress (P.O. Box Number is Not Acceptable	9)	
SAI	NFORD FL 32773		83				
			03	1			
			84	"		PL	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above gamed corporation submits this statement for the purpose of changing the registered.							
office or registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes							
SIGNATURE	JANICE	Silvia			Millo XIMIN	3-21	'-98
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE F	legistered Ag	ent signature rec	guired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	PST	DELETE	1.1 TITLE	·		Change	Addition
NAME	SILVIA, JANICE		1.2 NAME		- 1 IMA		
STREET ADDRESS	4535 BEDFORD RD		1.3 STREET	ADDRESS	SHILE	1	
CITY - ST - ZIP	SANFORD FL 32773		1.4 CITY - 9	T-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		SAME SAME	☐ Change	Addition
NAME	KARHU, KARI		2.2 NAME	ĺ	-1 MO		
STREET ADDRESS	4492 BEDFORD RD		2.3 STREET	ADDRESS	SHILL		
CITY-ST-ZIP	SANFORD FL 32773		2 4 CHY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			L Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP		Document	3.4. CITY - 5	ST- ZIP	94111a-ya-24111.		
TITLE		☐ DELETE	4.1 TITLE			∟ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	1			ļ
CITY-ST-ZIP		DELETE	4.4 CITY - S	T-ZIP		——————————————————————————————————————	11.00
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME CIPIET ADDRESS			5.2 NAME				
STREET ADDRESS			5.3 STREET	- 1			
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-S	T-ZIP		Change	Addition
		LJ VILLIC	6.1 TIFLE			☐ Change	☐ Addition
NAME CTOSET ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for t	6.4 CITY - S		n Section 119.07(3)(i), Florida Statutes. I fu	ther partify that the	information
officer or o	on this a nnual report or supplemental :	annual report is true and accura- ver or trustee empowered to exe	ate and th:	at my signat	in Section 119.07(3)(1), Florida Statutes: 110 ture shall have the same legal effect as if m quired by Chapter 607, Florida Statutes; an	iade under oath: tha	llaman l