FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K40765** **(5)**

1. Corporation Name
JKJ MANAGEMENT CORPORATION IV

Principal Place of Business
~~990 DOUGLAS AVE~~
~~P. O. BOX 917359~~
LONGWOOD FL ~~32791~~
US

Mailing Address
~~990 DOUGLAS AVE~~
P. O. BOX 917359
LONGWOOD FL 32791
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1988
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 405 Douglas Ave
Suite, Apt. #, etc.
22 Suite 1955
City & State
23 Altamonte Springs, Fl.
Zip 24 32714 County 25

2a. Mailing Address
26 P.O. Box 917359
Suite, Apt. #, etc.
27
City & State
28 Longwood, Fl.
Zip 29 32791 County 30

4. FEI Number: 59-2918000 — 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 authority to indemnify its officers & directors under Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~JUDGE, WALTER E~~
~~990 DOUGLAS AVE~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent
81 Name: JUDGE WALTER E
82 Street Address (P.O. Box Number is Not Acceptable): 405 Douglas Ave. Suite 1955
83
84 City: ~~Longwood~~ Alt. Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Section 607.0501, or 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 607.0501, Florida Statutes.

SIGNATURE: 9-28-95

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~JUDGE, WALTER~~
STREET ADDRESS	~~990 DOUGLAS AVE~~
CITY, ST, ZIP	~~ALTAMONTE SPRINGS FL~~
TITLE	~~VPD~~
NAME	~~KAHN, JEROME B.~~
STREET ADDRESS	~~990 DOUGLAS AVE~~
CITY, ST, ZIP	~~ALTAMONTE SPRINGS FL~~
TITLE	~~STD~~
NAME	~~JACONNETTI, GEORGE~~
STREET ADDRESS	~~990 DOUGLAS AVE~~
CITY, ST, ZIP	~~ALTAMONTE SPRINGS FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ Change ☐ Addition
NAME	JUDGE, Walter. E.	
STREET ADDRESS	405 Douglas Ave Suite 1955	
CITY, ST, ZIP	Alt Springs, Fl. 32714	
TITLE	VPD	☒ Change ☐ Addition
NAME	KAHN, Jerome B.	
STREET ADDRESS	405 Douglas Ave Suite 1955	
CITY, ST, ZIP	Alt Springs, Fl. 32714	
TITLE	STD	☒ Change ☐ Addition
NAME	JACONETTI, George	
STREET ADDRESS	405 Douglas Ave Suite 1955	
CITY, ST, ZIP	Alt. Springs, Fl. 32714	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shown on the 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 above, or on an attachment with an address.

SIGNATURE: 9-28-95 407-774-1600

SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING OFFICER OR DIRECTOR~~ — Date — Daytime Phone

0416872 FP