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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K40765

**SIGNATURE:** 

1997

(5)

JKJ MANAGEMENT CORPORATION IV

| FILED              |
|--------------------|
| Mar 25 1997 8:00am |
| Secretary of State |

DaySine Proce #

| 405 DOUGLAS<br>STE 1955 |   | Mailing Address P.O. BOX 917359 LONGWOOD FL 32791-7359                                       |                                     |  |   |   |
|-------------------------|---|--|-------------------------------------|--|---|---|
| US US                   | PRINGS FL 32714   | US   |                                     | 3. Date Incorporated or Qualified  | 3a. Date of Last Repo   | ori .                                   |
|                         |   |  |                                     | 10/24/1988   | 05/01/1996  |   |
| L                       | hace of Business  | <b>2a.</b> Mailing Address   |                                     | 4. FEI Number  | Applie  | ed For                                  |
| 21                      | 4   | 26   |                                     | 59-2918000   |   | pplicable                               |
| Suite Apt               |   | Suite, Apt #, etc.   |                                     | 5. Certificate of Status Desired   | \$8.75 Add<br>Fee Requi   |   |
| City & Stut             | K)  | City & State   |                                     | Election Campaign Financing     Trust Fund Contribution  | \$5.00 Ma   |   |
| Z <sub>(0</sub>         | Country 25  | Z)p  | Country<br>30                       | 8. This corporation has liability for Florida Statutes   | intangible tax under s. 19<br>Yes \tag{\text{\tint{\text{\tin}\text{\tex{\tex | 9.032.                                  |
| J.T. 14                 | 9. Name and Address of Current  |  | [                                   | 10. Name and Address of New Re   |   |   |
| 405                     | GE WALTER E<br>DOUGLAS AVE, STE 1955<br>SPRINGS FL 32714  |  | 81 Name  82 Street Ad  83   84 City | ldress (P.O. Box Number is Not Acceptat  | FL 85 Zip Cod   | de                                      |
| off-ae or i             | registered agent or both, in the State on fair har with and accept the obligated for the top of the content of | of Horida, Such change was a lons of, Section 607.0505, Florian and left in applicable (NOTI | authorized by the corpor            | orporation submits this statement for the pration's board of directors. I hereby acceptions are relieved when reliestance ADDITIONS/CHANGES TO OFFIC | of the appointment as reg   | istered                                 |
| Tiret                   | PD  | DELETE   | 1 1 TITLE                           | 7,007,010,010,1020,10 017,10   |   | Addilion                                |
| NAME                    | JUDGE, WALTER   |  | 1.2 NAME                            |  | ,-  |   |
| STEELE ALDRESS          | 405 DOUGLAS AVE STE 1955  |  | 1.3 STREET ADDRESS                  |  |   |   |
| Crtic St Zir            | ALTAMONTE SPRINGS FL  |  | 1.4 CITY-ST-ZIP                     |  |   |   |
| TITLE                   | VPD   | DELETE   | 21 TITLE                            |  | Change  | Addition                                |
| NAME                    | KAHN, JEROME B.   |  | 2.2 NAME                            |  |   |   |
| STREET ADDRESS          | 405 DOUGLAS AVE STE 1955  |  | 2.3 STREET ADDRESS                  |  |   |   |
|                         | ALTAMONTE SPRINGS FL  |  | 2. 4 CITY-ST-ZIP                    |  |   |   |
| THILE                   | STD   | L_] DELETE   | 3.1 TITLE                           |  | Change  | Addition                                |
| NAME:                   | JACONNETTI, GEORGE  |  | 3.2 NAME                            |  |   |   |
| STREET ADDRESS          | 405 DOUGLAS AVE STE 1955  |  | 3.3 STREET ADDRESS                  |  |   |   |
| C(1Y-SI-ZIF             | ALTAMONTE SPRINGS FL  | T Africa   | 3.4 CITY-ST-ZIP                     | ***************************************  |   | <del></del>                             |
| THEF                    |   | ☐ DELETE   | 4.1 TrillE                          |  | L Change L  | Addition                                |
| MAVE                    |   |  | 4 2 NAME                            |  |   |   |
| SUBELL ADQUESS          |   |  | 4.3 STREET ADDRESS                  |  |   |   |
| COTY - ST - ZIP         |   | Decree   | 4.4 CITY-ST-ZIP                     |  | — <u> </u>  | 1                                       |
| 111, {                  | :   | [_] DELETE   | 5 1 TITLE                           |  | Change  | Addition                                |
| MANAL                   |   |  | 5.2 NAME                            |  |   |   |
| STREET ADDITES.         |   |  | 5.3 STREET ADDRESS                  |  |   |   |
| CITY \$1-ZP             |   | DELETE   | 5.4 CITY-ST-ZIP                     |  |   | 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Till!                   |   | [ ] DETER  | 6 1 TITLE                           |  | L Change L  | Addition                                |
| NAMI:                   |   |  | 6.2 NAME                            |  |   |   |
| SPIECE ADDRESS          |   |  | 63 STREET ADDRESS                   |  |   |   |

64 City-St-ZiP 14. Ido hereby certify that the information supplied with this filting 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 office or director of the corpogation of the receiver or trustee empowered to execute his 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.