SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 20, 1999 8:00 am Secretary of State

09-20-1999 90012 038 ***150.00

DOCUMENT # K45675

i. Corporadi	Uli Name				`		
JDK INT	ERNATIONAL, INC.						
Principal Plac	ce of Business	Mailing Address					
300 FRONT STREET 300 FRONT STREET							
KEY WEST FL 33040 KEY WEST FL 33040							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					11/16/1988		
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied Fo	or	
21 26					65-0099583 Not Applic		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition	al	
27					Fee Required		
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
Zip	Zip Zip		Coun	fny	Trust Fund Contribution		
24	25	29	30	,	8. This corporation owes the current year Intangible Personal Property. Yes No		
24	9. Name and Address of Curr		1301		10. Name and Address of New Registered Agent		
			10	31 Name			
ALLEN, JOSEPH B., III				22 Cinci A	ddagae (D.O. Barrish Markaratala)		
617 WHITEHEAD ST.			'	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
KEY WEST FL 33040			Ī	33			
				34 City	85 Zip Code		
	è			J4 City	FL 3 25 COOF		
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 obli	gations of, section 607.0505, Fi	lorida Statul	tes.	alion's board of directors. Thereby accept the appointment as registered	' <u> </u>	
SIGNATURE						.	
12.	Signature, typed or printed name of registered ag	gent and title if applicable. (N ND DIRECTORS	OTE: Registere	d Agent signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	P	DELETE	1.1 TITLE			dition	
NAME	MANI, DILIP		1.2 NAM		Change Add	JILION	
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY	i			
TITLE	11201 12 00010	DELETE	2.1 TITLE		Change Add	dition	
NAME	İ	L DECENE	2.2 NAM		Criange . Auc	110011	
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	,		2.4 CITY	- -		ļ	
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STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4 CITY	ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Add	dition	
NAME			4.2 NAMI	<u> </u>			
STREET ADDRESS			4.3 STRE	ETADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Add	fition	
NAME			5.2 NAME	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS		ĺ	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE	: [Change Add	ition	

6.4 CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

10199

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-	FLORIDA DEPARTMENT OF STATE
·	Division of Corporation.
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	TALLAHA SSEE, FL. 32302

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