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 # L24868

(6)

J.K. INTERNATIONAL AUTO, INC.

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State

6130 IDLWILD Ft. Myers Fi Us	• •	6130 IDLEWILD ST FT. Myers FL 33912 Us			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1989	
2. Principal Place of Business . 2a. Mailing Address 25 Stk Internal			nali	mal	4. FEI Number Applied For	
21 STA Suite, Apt,	International	26 S FK ///7C/	<u> 107) 0</u> 47	1	65-0150160 Not Applicat 5. Certificate of Status Desired 88.75 Additional	16
22 6/30	Oldwild st	27 6/30/0/WI	61 9	<u> </u>	Fee Required	
City & State Muyers 28 Fort Mayers			18/5		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 3:	39/2 25	29 33912 A3	Country	/	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
	9. Name and Address of Current	<u> </u>			10. Name and Address of New Registered Agent	=
	rcinkowski, kazimierz		81	Name		
8490 BEACON BLVD. FT. MYERS FL 33907			82	82 Street Address (P.O. Box Number is Not Acceptable)		
۲.,	MIERO FL 33301		83			\neg
			84	′	FL 85 Zip Code	
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, an accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	KUI NIJAMINE	01054) -			7-11-98	_
12.	Signature, typied or printed numbe of registered agent OFFICERS AND	and title if applicable (NOTE F	Registered Ag	ont signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
TITLE	DPT	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Additi	ion
NAME	MARCINKOWSKI, KAZIMIERZ	12 N				
STREET ADDRESS	8490 BEACON BLVD.		1.3 STREE	ADDRESS		
CITY-ST-ZIP			1.4 CITY-1	ST - ZIP	☐ Change ☐ Additi	inn
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CITY-ST-ZIP TITLE			3.1 TITLE	31-28	☐ Change ☐ Additi	ion
NAME	<u></u> ·		3.2 NAME			
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CITY-ST-ZIP	<u> </u>		64 CITY-	51 - ZIP	11: 0.76 - 440.07(0)() Flaids Cantage Livether and Livether information	

Thereby 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.