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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L47239

1. Corporation Name

KJP ENTERPRISES, INC.

Principal Place	of Business	Mailing Address		C SOMILARIS DES ACRES SARAN ESPAN SECUENCIA SARAN ACA	ir Biffi ardir Artir artir 1081
1661 BALMORAL LANE 1661 BALMORAL LANE					
INVERNESS IL 60067 US		INVERNESS IL 60067			
		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				01/29/1990	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0175059	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28	Country	Trust Fund Contribution	
Zip	Country	├ - ¬ '	Couring	This corporation owes the current year Inta Personal Property Tax.	ngible □Yes □No
24	9. Name and Address of Curre	·		10. Name and Address of New Registered A	
	5. Name and Address of Curre	ant veglatered Agent	81 Name		
PINKI	ERMAN, JAMES		JAME	S L. KARL, II ESQ.	
570 S. HEATHWOOD			82 Street Addr	ress (P.O. Box Number is Not Acceptable) NO. COLLIER BLVD.	
MARCO ISLAND FL 33937			83	NO. COLLIEN BLVD.	
			84 City	ISLAND FL	85 Zip Code 34145
44 Dumunti	to the provisions of Sections 607.05	502 and 607 1508 Florida Statutes th	ne above-named corn	oration submits this statement for the purpose of o	hanging its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was author	rized by the corporation	on's board of directors. I hereby accept the appoin	tment as registered
agent. I ar	n familiar with, and accept the oblig	gations of, Section 607.0505, Florida	Statutes.	c 18/00	}
SIGNATURE	Signature, typed or printed name of registered as	Next and title if applicable (NOTE: Regis	stered Agent signature require	d when reinstating)	
12,			13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P		1.1 TILE		☐ Change ☐ Addition
NAME	PINKERMAN, JAMES		1.2 NAME		
STREET ADDRESS	1661 BALMORAL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS IL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PINKERMAN, KAREN		2.2 NAME		
STREET ADDRESS	1661 BALMORAL LANE	i.	2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS IL	i.	2. 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	31TITLE		☐ Change ☐ Addition
NAME	PINKERMAN, KAREN	I.	3.2 NAME		
STREET AODRESS	1661 BALMORAL LN	1	3.3 STREET ADDRESS		\
CITY-ST-ZIP	INVERNESS IL		3.4. CITY-ST-ZIP		·
πιε		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS		Į.	4.3 STREET ADDRESS		
CITY-ST-ZIP		1	4.4 CITY-ST-ZIP		
TITLE	n, 19	☐ DELÉTE	5.1 TITLE		☐ Change ☐ Addition
NAME		L.	5.2 NAME		
STREET ADDRESS		ſ	5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .			6.2 NAME		
CYDEET ADDDECC		i	6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.