File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 98 APR 29 FW 1: 09 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L93000000087 1a. Principal Place of Business Address J. J. K. COMPANY, L.C. 500 COCOA BEACH CAUSWAY 500 COCOA BEACH CAUSWAY COCOA BEACH FL 32531 COCOA BEACH FL 32531 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 02/23/1993 4. FEI Number \mathbf{FL} Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3260905 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 05/16/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KNOBEL, HEINZ A Street Address (P.O. Box Number Is Not Acceptable) 6455 S. TROPICAL TRAIL 200002516422---05/08/38--01004--012 MERRITT ISLAND FL 32952 Suite, Apt. #, etc. ****188.75 ****188.75 Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 508.508. Forida Sections, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, output, in the State of Floridal Sections was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE. logistered Agent signature required when reinstalling) (Registered Agent 10. Title Business Street Address City, State and Zip Code Managing Members/Managers MGRM KNOBEL, HEINZ 6455 S. TROPICAL TRAIL MERRITT ISLAND FL LIMMATTALSTR. 202 CH-8049 MGRM GOLDEN SUN A.G., ZURICH, SWITZERLAND ummataletr 202 CH-8049 Vitasun AG. 11. I do 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 is true and accurate and that mysignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowerel; it execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 19, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAG

attachment with an address.

SIGNATURE: