

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

|                                               |                                                                                   |                                                                                                          |
|-----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 FEB 21 AM 9:38

|                                                                                 |            |
|---------------------------------------------------------------------------------|------------|
| <b>DOCUMENT # P39645</b><br>1. Corporation Name<br><b>JK-ERGOLINE USA, INC.</b> | <b>(7)</b> |
|---------------------------------------------------------------------------------|------------|

|                                                                                                   |                                                                                         |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>13131-A 91ST ST., N.<br/>STE 808A<br/>LARGO FL 34643<br/>US</b> | Mailing Address<br><b>13131 A 91 ST STREET N<br/>STE 808A<br/>LARGO FL 34643<br/>US</b> |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |  |                                                                                                            |  |                                                                                                                       |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                         |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country                   |  | 3. Date Incorporated or Qualified<br><b>07/15/1992</b>                                                                | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 4. FEI Number<br><b>54-1608540</b>                                                                                                                          |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                              |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                                                                            |  |                                                                                                                       |                                              |

|                                                                                                                                            |  |  |  |                                                                                                                                                         |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>KERNBERGER, BERNHARD<br/>13131-A 91ST ST., N.<br/>SUITE 808-A<br/>LARGO FL 34643</b> |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KERNBERGER, BERNHARD         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2 PIGEON HILL DR., SUITE 340 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | STERLING VA                  | 1.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                              | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                              | 2.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                              | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                              | 3.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                              | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                              | 4.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                              | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                              | 5.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                              | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                              | 6.4 CITY- ST- ZIP                                     |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: B. KERNBERGER 2/16/1995 813-545-1255  
SIGNATURE AND TYPE OR PRINTED NAME OF GOING OFFICER OR DIRECTOR