

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Workman
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

DOCUMENT # **P93000040330 (1)**

55 MAY - 1 11:35:57

J N B KALOF INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1640 NW 10TH AVE HOMESTEAD FL 33030**
Mailing Address: **1640 NW 10TH AVE HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date Reinstated or Renewed: 06/01/1993	3a. Date of Last Report: 10/31/1994
4. FEI Number: 65-0498214	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.005 Florida Statute: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Abbr # etc	26. State Abbr # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KALOF, GREGORY E 1640 NW 10TH AVE HOMESTEAD FL 33030	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(9) Florida Statute, 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, thereby, accept the appointment as registered agent, term to expire with the filing of the next annual report under 607.06(2) Florida Statute.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADMINS, CHANGES, OFFICERS, AND DIRECTORS	
12.1 NAME: PD KALOF, GREGORY E	12.2 STREET ADDRESS: 1640 NW 10TH AVE HOMESTEAD FL 33030	13.1 NAME: _____	13.2 STREET ADDRESS: _____
12.3 NAME: TSD KALOF, BOONNUANG P	12.4 STREET ADDRESS: 1640 NW 10TH AVE HOMESTEAD FL 33030	13.3 NAME: _____	13.4 STREET ADDRESS: _____
12.5 NAME: D KALOF, JUNTREE	12.6 STREET ADDRESS: 1640 NW 10TH AVE HOMESTEAD FL 33030	13.5 NAME: _____	13.6 STREET ADDRESS: _____
12.7 NAME: _____	12.8 STREET ADDRESS: _____	13.7 NAME: D KALOF, NATEE	13.8 STREET ADDRESS: 1640 NW 10 AVE HOMESTEAD, FL 33030
12.9 NAME: _____	12.10 STREET ADDRESS: _____	13.9 NAME: _____	13.10 STREET ADDRESS: _____
12.11 NAME: _____	12.12 STREET ADDRESS: _____	13.11 NAME: _____	13.12 STREET ADDRESS: _____
12.13 NAME: _____	12.14 STREET ADDRESS: _____	13.13 NAME: _____	13.14 STREET ADDRESS: _____
12.15 NAME: _____	12.16 STREET ADDRESS: _____	13.15 NAME: _____	13.16 STREET ADDRESS: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntary, true and correct, and that the information is true and correct, 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 of this filing and is not to be an attachment with an addition.

SIGNATURE: **GREGORY E. KALOF** January 305-248-2381