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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000059384 (6) **DOCUMENT #** 1. Corporation Name

J C K B ASSOCIATES, INC.

Principal Place of Business 4101 PINETREE DRIVE

Mailing Address 4101 PINETREE DRIVE

STE. 825 MIAM BEACH FL 33140 2. Principal Place of Business		STE. 825 MIAMI BEACH	STE. 825 Miami Beach FL 33140			3, Date Incorporated or Qualified 3a. Da 08/18/1993	te of Last Report 09/25/1995	
		2a. Mailing Address				4. FEI Number 65-0436805	Applied For Not Applicable	
Suite. Apt. #, 6	etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28 Zip	30	intry		8. This corporation has fiability for intangible Florida Statutes Yes No		
4	25	[T]				10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent				81	Name			
4101 PINETREE DRIVE				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
MIAMI BEACH FL 33140			84	City	F	85 Zip Code		
4101 PINETREE DRIVE STE. 825				83	83 ss 7/0 C			

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	gracine itypics or protect case of registered agriclask title it autoriable. OFFICERS AND DIRECTORS	(NOTE Registered Agent signature reduced v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
<u> </u>	D DELETI		Change	☐ Addition
LE	BALD, JOSEPH	1.2 NAME		
IME	4101 PINETREE DRIVE STE. 825	1 3 STREET ADDRESS		
REET ADDRESS	MIAMI BEACH FL 33140	1.4 CH V - ST - ZI ^o		
TY - ST - ZIF	MINNI DENOTTE COTTO	2 1 TITLE	Change	☐ Addition
TLE		2.2 NAME		
AME		2.3 STREET ADDRESS		
TREE1 ADDRESS		2.4 CITY ST-ZIP		
ITY-ST-ZIP	DELET	E 3 1 TITLE	Change	☐ Addition
TLE		3.2 NAME		
AME		3.3 STREET ADDRESS		
TREET ADDRESS		I 34 City - St - Zift		F 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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AME		4.3 STREET ADDRESS		
TREE1 ADDRESS		4.4.C(TV - ST - Z)P		
CITY - ST - ZIP	DELE		Change	Addition
TILE		5.2 NAMS		
IAME		5.3 STREET ADDRESS		
TREET ADDRESS		5.4 CITY - St - ZIP		
ity - St - ZiP	DELE		Change	Addition
MLE		6.2 NAME		
NAME		6.3 STREET ADDRESS		
STREET ADDRESS				

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 1.19.07(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 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 certify that I am an officer or director of the corporation or the receiver or trusted 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.

april 8, 1996 millione.