

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:57

DOCUMENT # **P93000061135 (8)**

1. Corporation Name

JKE INC.

Principal Place of Business

2528 CAPITAL CIRCLE SOUTHEAST
TALLAHASSEE FL 32311

Mailing Address

P O BOX 26
DELRAY BCH FL 33447
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

06/01/1994

2. Principal Place of Business

21 **6725 Mesa Ridge Road**

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3198681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

22 **Suite #208**

City & State

27 City & State

23 **San Diego, CA**

Zip

Country

28 Zip

Country

24 **92121**

25 **San Diego**

29

30

9. Name and Address of Current Registered Agent

JACOBUS, WILLIAM R
745 LUPINE LANE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

Teske, Leon E.

82 Street Address (P.O. Box Number is Not Acceptable)

1177 George Bush Blvd.

83

84 City

Delray Beach

FL

85 Zip Code
33483

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

Leon E. Teske
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JACOBUS, WILLIAM R
STREET ADDRESS	745 LUPINE LANE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	AS
NAME	MEADORS, ALLENE D
STREET ADDRESS	1177 GEORGE BUSH BLVD
CITY-ST-ZIP	DELRAY BCH F
TITLE	DVS
NAME	KLAFF, OREN P
STREET ADDRESS	1516 W. CALL STREET
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	V
NAME	TESKE, LEON E
STREET ADDRESS	1177 GEORGE BUSH BLVD
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	JACOBUS, WILLIAM R.	
1.3 STREET ADDRESS	3899 NOBEL DRIVE, #1407	
1.4 CITY-ST-ZIP	SAN DIEGO, CA 92122	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DVS	☒ Change ☐ Addition
3.2 NAME	KLAFF, OREN P.	
3.3 STREET ADDRESS	6725 MESA RIDGE RD., STE. 208	
3.4 CITY-ST-ZIP	SAN DIEGO, CA 92121	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1177 GEORGE BUSH BLVD.	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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:

Leon E. Teske

Leon E. Teske

3/7/95
Date

(407) 272-0151
Daytime Phone #