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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	DIV	VISION OF CORPO	RATIONS			
1. Corporation		30000670	19 (8)				
JFK	ENTERPRISES, INC.				1 1 10 1/1 3 3/1 110 141 3 4 4740 30 /11	ACINI BANKA BANKA AK	iáh l á h há a h igh higi n igir hádh
Principal Plac	ce of Business	Mailing Addres					
8460 N.W. 7TH STREET PEMBROKE PINES FL 33024			8460 N.W. 7TH STREET PEMBROKE PINES FL 33024				
T EMPTIO	NC 111120 12 00024	PEMDRUK	E PINES PE 33024		3. Date Incorporated or Qualified	3a Data o	f Last Report
n francisco (Y				09/20/1993	l l	3/08/1995
z. Francipai F	Place of Business	2a. Mailing Add	idress		4. FEI Number		Applied For
Suite, Apt.	. #, etc.	Suite, Apt.	#, etc.		65-0440761		Not Applicable \$8.75 Additional
2]		27			5. Certificate of Status Desired		Fee Required
City & Stai	te	Orty & State	e		6. Election Campaign Financing		\$5.00 May Be
- Ζ ιρ 	Country	Zip	}- -,	untry	Trust Fund Contribution 8. This corporation has liability for	r intangible tax i	Added to Fees under s 199,032,
Ъ	25 g. Name and Address of (29 Current Registered Agen	[30]	- <u>1</u>	Florida Statutes Ye 10. Name and Address of New	s []No	
			-	81 Name	10. Hame and Address of New	Hegisterea Ag	ent
	rson, woolton e			82 Street Addi	lress (F.O. Box Number is Not Accepta	hle)	
	1 S.W. 183RD AVENUE						
MIAM	I FL 33186			83			
							Ţ <u>-</u>
1 Director	to the provisions of Castiers 00	7.0500		84 City			85 Zip Code
	to the provisions of Sections 60, red agent, or both, in the State of the additional country and accept the obligations of the section of the sec	7.0502 and 607,1508, Flori of Florida. Such change was f, Section 607.0505, Florida	ida Statutes, the ab s authorized by the a Statutes.	1 1 " "	ration submits this statement for the period of directors. I hereby accept the app		I
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oath; that I am an officer or director of the corporation or the receiver or trustee enipowered 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:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Dat

Date Dayline Franc #