

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 18 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088755 (2)

1. Corporation Name

JEFFKO CORP.

Principal Place of Business

648 SABAL LAKE DR.
APT. 214
LONGWOOD FL 32779
US

Mailing Address

648 SABAL LAKE DR.
APT. 214
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

08/08/1994

4. FEI Number

59-3218030

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

2. Principal Place of Business

21 201 E. Pine St., #450

2a. Mailing Address

26 201 E. Pine St., #450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

32801

Country

25 Orange

Zip

29 32801

Country

30 Orange

9. Name and Address of Current Registered Agent

KOLOVSKY, JEFFREY N
648 SABAL LAKE DR.
APT. 214
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

201 E. Pine Street, Suite 450

83

84 City

Orlando

FL

85 Zip Code

32801

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KOLVSKY, JEFFREY N
STREET ADDRESS 648 SABAL LAKE DR., APT. 214
CITY-ST-ZIP LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2156 Sherbrooke W., Apt. 18

1.4 CITY-ST-ZIP

Montreal, Quebec, Canada H3H 1G7

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(b), 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:

JEFFREY N. KOLOVSKY

7/1/95

(SIN) 985-6309

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Keyline Please)