

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90008 036 \*\*\*550.00

DOCUMENT # **P93000088755**  
Corporation Name

**JEFFKO CORP.**

Principal Place of Business  
**1 E PINE ST  
E 450  
LANDO, FL 32801**

Mailing Address  
**201 E PINE ST  
STE 450  
ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/29/1993**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business  
**315 E ROBINSON ST  
Suite, Apt. #, etc.  
SUITE 600  
ORLANDO, FL 32801**

2a. Mailing Address  
**26 P.O. BOX 3000  
Suite, Apt. #, etc.  
27  
City & State  
28 ORLANDO, FL  
Zip Country  
32801 25 29 32802 30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVSKY, JEFFREY N  
1 E PINE ST  
E 450  
LANDO, FL 32801**

81 Name  
**STEPHEN B. HATCHER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**315 E. ROBINSON ST, STE 600**

83

84 City **ORLANDO** FL 85 Zip Code **32801**

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 regulations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stephen B. Hatcher*  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/29/99**

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	<input type="checkbox"/> DELETE D KOLOVSKY, JEFFREY N 5757 AV DECELLER, SUITE 33 MONTREAL, QU H3S2C3	1.1 TITLE DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2	<input type="checkbox"/> DELETE	1.2 NAME	
3	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
5	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	<input type="checkbox"/> DELETE	2.2 NAME	
7	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	<input type="checkbox"/> DELETE	3.2 NAME	
11	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	<input type="checkbox"/> DELETE	4.2 NAME	
15	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	<input type="checkbox"/> DELETE	5.2 NAME	
19	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	<input type="checkbox"/> DELETE	6.2 NAME	
23	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Jeffrey N. Kolovsky*  
JEFFREY N. KOLOVSKY

DATE **AUG. 31, 1999** (514) 738-3398

ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.  
ATTORNEYS AND COUNSELLORS AT LAW

BERNARD J. ZIMMERMAN  
W. CHARLES SHUFFIELD  
ROLAND A. SUTCLIFFE, JR.  
WENDELL J. KISER  
ROBERT E. MANSBACH, JR.  
ROBERT L. DIETZ  
STEPHEN B. HATCHER  
ROBERT W. PEACOCK, JR.  
CLEMENT L. HYLAND  
J. TIMOTHY SCHULTE  
PAMELA L. FOELS  
JOSEPH C. L. WETTACH  
MICHAEL C. TYSON  
KEVIN L. LIENARD  
KRAIG N. JOHNSON  
KEVIN G. MALCHOW  
GEORGE A. GOLDER

315 E. ROBINSON ST., STE. 600 • 32801  
POST OFFICE BOX 3000 • 32802  
ORLANDO, FLORIDA

TELEPHONE: (407) 425-7010  
TELECOPIER: (407) 425-2747  
EMAIL: ZSKS@ZSKS.COM

MELISSA D. KAPLAN  
LARRY B. LOFTIS  
NORMAN A. MONROE  
OF COUNSEL

CHARLES B. COSTAR, III  
LORI A. W. SMITH  
SCOT G. NIMMO  
LYNNE R. WILSON  
JOANNE M. TONER  
C. SCOTT PRYOR  
JANICE M. TEWS  
JAMES F. JOHNSTON  
WILLIAM R. LOWMAN, JR.  
EDGAR J. HEDRICK III  
HEATHER A. MCLEOD  
TUWANA J. MCMILLAN  
MICHAEL S. GRIMSLEY  
V. PAIGE HAMMOND  
DOUGLAS A. SACHS  
C. DOUGLAS GREEN  
RUSTEN C. HURD

September 2, 1999

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Jeffko Corp.  
Document #P93000088755

Dear Sir or Madam:

Enclosed please find the 1999 Corporation Annual Report for the above-referenced corporation along with a check in the amount of \$550.00, representing the filing fee.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



L. Darlene Riley  
Corporate Paralegal

ldr  
Enclosure