

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

FILED

Feb 13 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P94000001842 (1)**

1. Corporation Name
J&K SAULL MARKETING, INC.

Principal Place of Business
**2020 S.E. 18TH AVENUE
POMPANO BEACH FL 33060**

Mailing Address
**2020 S.E. 18TH AVENUE
POMPANO BEACH FL 33062-7624**



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|--|--|---|--|---|--|
| 2. Principal Place of Business 21 2020 SE 18th Street Suite, Apt. #, etc. 22 City & State 23 Zip 24 33062 | | 2a. Mailing Address 26 2020 SE 18th Street Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 12/30/1993 | 3a. Date of Last Report 03/27/1996 |
| | | | | 4. FEI Number 65-0471914 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|
| 9. Name and Address of Current Registered Agent SAULL, JEFFREY S 2020 S.E. 18TH AVENUE POMPANO BEACH FL 33060 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2020 SE 18th Street 83 84 City FL 85 Zip Code 33062 | |
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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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAULL, JEFFREY S | 12 NAME | |
| STREET ADDRESS | 2020 S.E. 18TH AVE. | 13 STREET ADDRESS | 2020 SE 18th Street |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | 14 CITY-ST-ZIP | Pompano Beach, FL 33062 |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAULL, KAREN M | 22 NAME | |
| STREET ADDRESS | 2020 S.E. 18TH AVE. | 23 STREET ADDRESS | 2020 SE 18th Street |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | 24 CITY-ST-ZIP | Pompano Beach, FL 33062 |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE

[Signature]

[Signature]

[Signature]

CR2E034 (9/96)