1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90039 011 \*\*\*150.00

DOCUMENT # P9400001842					
J&K SAI	JLL MARKETING, INC.				
					(60)   [8]   [8]   [8]   [8]   [8]
Principal Place	o of Rusinass	Mailing Address	<del></del>		<u> </u>
2020 SE 18TH		2020 SE 18TH ST	?		
POMPANO BEA		POMPANO BEACH FL 33060	•		
US		US		DO NOT WRITE IN THIS SPA	CE
				3. Date Incorporated or Qualifed 12/30/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 14	K Saizl Marketing Lo	26		65-0471914	Not Applicable
Suite, Apt.	Frue Harbor Drive	Suite, Apt. #, etc. 27 23 27 Sau 1	lactor Reu	5. Certificate of Status Desired	<b>8.75</b> Additional — Fee Required
Gity & Stat	Brook Goods ST	City & State	long El	· · · · · · · · · · · · · · · · · · ·	55.00 May Be Added to Fees
23 194UY	Country	Zip DON DUNG	Country	Trust Fund Contribution 8. This corporation owes the current year Intengib	
zip 24 334	10 25 05	29 33410 30	- 17C	Personal Property Tax.	
24 00 (	9. Name and Address of Current I	<del></del>		10. Name and Address of New Registered Agen	it
81 Name Squil (e files, 5.					
SAULL, JEFFREY S 82 Street Address (F				ddress (P.O. Box Number is Not Acceptable)	
2020 SE 181H S1   2327 Source				27 Some Harbor DRIVE	
POMPANO BEACH FL 33062  83 Pulm Report Grandons					
84 City					Zip Code RSULD
Lipeina FL 38410					
11. Pursuant to the provisions of Section 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, if 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 compute the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed affine of registered agent a	nd http://applicable/ (NOTE Ret	gistered Agent signature req	uired when reinstating) DATE	<del></del>  ,
12.	SFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE	D //	☐ DELETE	1.1 TITLE	, , ,	Change
NAME	SAULL, JEFFREY S		1.2 NAME	2326 South Shore Drive	
STREET ADDRESS	2020 SE 18TH ST		1.3 STREET ADDRESS	13/16 30W/13/W/C P/10/2	$u \supset -1$
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Alm Borch Gordens, FC 334	
TITLE	D	☐ DELETE	2.1 TITLE	, 4	Change
NAME	SAULL, KAREN M		2.2 NAME	230le South Share Deve	
STREET ADDRESS	2020 SE"18TH ST			Palm Box. Govdens Fe 3341	7
CITY-ST-ZIP	POMPANO BEACH FL	☐ DELETE	2.4 CITY-ST-ZIP	THUM BOX. CONCLUDING 3341	Change Addition
TITLE	٠	الل محددات	3.7 TILE 3.2 NAME		
NAME			3.3 STREET ADDRESS	•	
STREET ADDRESS			3.4. CITY-ST-ZIP		}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP 6.1 TITLE	·	Change Addition
TITLE		☐ DELETE			Mange . □ Audition
NAME			6.2 NAME 6.3 STREET ADDRESS		
CTDEET ADDDEED			■ 0.3 3 I NEE I MUURE33 (		

CITY-ST-ZIP 14. 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 dereiver 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 a parachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

561)630-lelle9