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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400003756 (1)

J & K /		Mailing Address 2591 FORYSTH RD			
SUITE G SUITE G					
ORLANDO FL 32807		ORLANDO FL 32807		DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
				01/14/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3214405	Not Applicable
Suite, Apt.	#, el c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State			Fee Required
23	u	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registers	d Agent
	NERJI, JACOB		81 Name		
	1 FORYSTH RD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ITE G		83		
UR	LANDO FL 32807		63		
			84 City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered	<u></u>	Registered Agent signature requi		
12.	OFFICERS /	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE NAME	MINERJI, JACOB	U VELCTE	1.1 TITLE 1.2 NAME		Croange C Addition
STREET ADDRESS	3118 FAIRWOOD CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		L. OLLEIL	3.2 NAME		C Sumage [] Modition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		□ berest	5.1 TITLE 5.2 NAME		C Analde C Maltinu
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	611HLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY ST. 7IP			6.4 CHV- S1- 7/2		

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 if true and accurate and that my signature shall have the same legal effect as if made under oath; that | 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.

FILED

Apr 06 1998 8:00am

Secretary of State