Apr 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005208

SJ KONS	SULTATSIOONI CORP.								
Principal Place	e of Business	Mailing Address					IYOT OOLY OBSILOUIT	M MIST M MINT MISTM 1901	
1502 SO. FEDERAL HWY 1502 SO. FEDERAL HWY									
5 5 Lake worth FL 33460 Lake worth FL 33460						DO	NOT WRITE IN	THIS SPACE	
US US						3. Date Incorporated of	Qualifed		
••						01/12/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21 26						65-0485724		N	ot Applicable
Suite, Apt.	#, etc.	- Suite, Apt.,#,.etc				5. Certificate of Status	Desired	\$8.75	Additional
22		27				5. Certificate of Status	Desired 🗆	Fea R	tequired
City & State	e	City & State				6. Election Campaign F	inancing	\$5.00	May Be
23		28				Trust Fund Contribu	tion	Added	to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owe	es the current yea		_
24	25	29	30			Personal Property T		□Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address	of New Registe	ered Agent	
				81	Name				ł
	MI, EDWIN W		†	82	Street Addre	ss (P.O. Box Number is N	ot Acceptable)		
	Lucerne ave E worth FL 33460			83					
CAN	L WOMM 1 L 30400		Ì	3					
1				84	City		•	FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508. Florida Statut	tes, the at	ove-	named corpo	ration submits this statem	ent for the purpos	se of changing it	s registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Fic	authonzed orida Statu	by tr tes.	he corporation	is board of directors. The	reby accept the a	эрронинен аз і	egistered
SIGNATURE	Signature Land or added name of registered non-		_		sionature required	when reinstating)	DA1	TE	
	Signature, typed or printed name of registered age	int and title if applicable. (NOTe	E: Registered		signature required				ORS IN 12
12.	OFFICERS AN		_	Agent	signature required	when reinstating) ADDITIONS/CHANG			
12.	OFFICERS AN	nt and title if applicable. (NOTE	E: Registered	Agent :	signature required			S AND DIRECT	
12. TITLE NAME	OFFICERS AN JARVINEN, SEPPO	nt and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA	Agent :				S AND DIRECT	
12. TITLE NAME STREET ADDRESS	OFFICERS AN D JARVINEN, SEPPO 1712 HIGH RIDGE RD	nt and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA 1.3 STI	Agent :	ADDRESS			S AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN JARVINEN, SEPPO	nt and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA	Agent : LE ME REET A	ADDRESS			S AND DIRECT	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D JARVINEN, SEPPO 1712 HIGH RIDGE RD	Int and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	Agent : LE ME REET A Y-ST-	ADDRESS			S AND DIRECT	Addition
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6.4 CITY-ST-ZIP 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 port 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 of this 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 of this 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 of this 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 of the receiver of the receiver of the receiver of the receiv

SIGNATURE:

561 585 7334