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Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015574 (4)

1. Corporation Name

J & K MOTORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 890 N DIXIE HWY BOCA RATON FL 33432 US		Mailing Address 980 N DIXIE HWY BOCA RATON FL 33432 US	
2. Principal Place of Business 21 980 N. DIXIE HWY Suite, Apt. #, etc. 22		2a. Mailing Address 26 980 N. DIXIE HWY. Suite, Apt. #, etc. 27	
City & State 23 BOCA RATON FL		City & State 28 BOCA RATON FL	
Zip 24 33432		Country 25 U.S.A.	
Country 29 U.S.A.		Zip 30 33432	
9. Name and Address of Current Registered Agent EASTWOOD, KEVIN M 1224 NW 16TH STREET BOCA RATON FL 33486			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			

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	PD	1.1 TITLE	
NAME	EASTWOOD, KEVIN M	1.2 NAME	
STREET ADDRESS	1224 N.W. 16TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	MARTINEZ, JORGE C	2.2 NAME	
STREET ADDRESS	11290 N.W. 14TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

K.M. Eastwood, KEVIN M EASTWOOD 4-23-98 561 3689577

CR2E034 (10/97)