


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

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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000026354 (8)			
1. Corporation Name JKM CORPORATION			
Principal Place of Business 16008 U.S. HWY. 19 NORTH CLEARWATER FL 34614		Mailing Address 16008 U.S. HWY. 19 NORTH CLEARWATER FL 34624-6802	
2. Principal Place of Business 21 2475 EAST BAY DR Suite Apt. #, etc. 22 UNIT C City & State 23 LARGO, FL Zip 24 33771		2a. Mailing Address 26 2475 EAST BAY DR Suite Apt. #, etc. 27 UNIT C City & State 28 LARGO, FL Zip 29 33771	
3. Date Incorporated or Qualified 04/06/1994		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3238989		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			
9. Name and Address of Current Registered Agent BLACKLIDGE, BRIAN E 16008 U.S. HWY. 19 NORTH CLEARWATER FL 34614		10. Name and Address of New Registered Agent 81 Name BRIAN E. BLACKLIDGE 82 Street Address (P.O. Box Number is Not Acceptable) 5900 BAYVIEW 2475 EAST BAY DR UNIT C 83 84 City LARGO FL 85 Zip Code 33771	
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 <i>Brian E. Blacklidge</i> DATE 3/15/97			
12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME BLACKLIDGE, BRIAN E 1.3 STREET ADDRESS 6308 N. KIRKWOOD 1.4 CITY-ST-ZIP CHICAGO IL 60646 2.1 TITLE <input checked="" type="checkbox"/> DELETE 2.2 NAME BRIAN E. BLACKLIDGE 2.3 STREET ADDRESS 2475 EAST BAY DR #C 2.4 CITY-ST-ZIP LARGO, FL 33771 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 declared 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 (change), or on an attachment with an address. SIGNATURE: <i>Brian E. Blacklidge</i> DATE 3/15/97 DAYTIME PHONE 813 536-9400			



CR2E034 (9/96)