

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000030232 (0)**

1. Corporation Name
J.S.K. DEVELOPMENT, INC.



Principal Place of Business (Mailing Address)
**5970 SW 18TH ST
STE 320
BOCA RATON FL 33433
US**

3. Date Incorporated or Qualified: **04/18/1994**
3a. Date of Last Report: **07/11/1995**
4. FEI Number: **65-0501211**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Subj. App. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Subj. App. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRIOCH, JEFF
5970 SW 18TH ST
STE 320
BOCA RATON FL 33433**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Payment to the provisions of Sections 607.0912 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0916, Florida Statutes.

SIGNATURE _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME: D KRICH, JEFFREY S	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 59701 SW 18TH ST STE 320	
12.3 CITY, STATE, ZIP: BOCA RATON FL	
12.4 NAME:	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS:	
12.6 CITY, STATE, ZIP:	
12.7 NAME:	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS:	
12.9 CITY, STATE, ZIP:	
12.10 NAME:	<input type="checkbox"/> DELETE
12.11 STREET ADDRESS:	
12.12 CITY, STATE, ZIP:	
12.13 NAME:	<input type="checkbox"/> DELETE
12.14 STREET ADDRESS:	
12.15 CITY, STATE, ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE:	
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE:	
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE:	
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, as applicable, with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED OR PREVIOUS NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 407-534-0494

CR2E034 (12/95)