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

PROFIT **CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000034471 (0) J.B.K.P., INC.

## **FILED** Apr 24 1997 8:00am Secretary of State



Principal Place of Business 204 WEST 101 STREET NEW YORK NY 10025		Mailing Address 204 WEST 101 STREET NEW YORK NY 10025-5053		_}	
				3. Date Incorporated or Qualified 05/06/1994	3a. Date of Last Report 09/16/1996
2. Principal Place of Businoss		28. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt #, etc.		13-3769091	Not Applicable
22)		27 Suite, Apr #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
DOI.	9. Name and Address of Curre LZ, CHARLES S	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	188 WEST FOREST HILL BLVD.		Tyanic,		
	TE 2003		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
	ST PALM BEACH FL 33414		83		
***	OTT FACILIDE ACTIVE COVITY		<b>A</b>		
			/84 Cyly	1	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.09	02 and 607.1508, Florida Stat	tutes, the above hamed chi	poration submits this statement for the p	
office or r	registered agent, or both, in the State	te of Florida. Such change wa	s authorized by the corpora	poration submits this statement for the partion's board of directors. Thereby a con	of the appointment as registered
	.71 \	Galleria Or, Deciron Oor. 08003		Ran al Wort	4263
SIGNATURE	Signature lymnit or mallod harms of redistanced a	on an milit socileable (N	OTI Registered Agent signature requ	ired when reinstating	MATE STATE OF THE
12.		NE CHECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DV	DELETE	1.1 THLE		Change Addition
NAME	WOLF, JEFFREY		1.2 NAME		
STREET ADDRESS	204 WEST 101 STREET NEW YORK NY 10025		. 1.3 STREET ADDRESS		
CITY - ST - ZIP	D DEW TORK NT 10020	7 pr. 579	1.4 CITY-ST-ZIP		
TITLE	WOLF, BRANDON	L_) DELETE	2.1 1111.1		Change Addition
NAME	204 WEST 101 STREET		2.2 NAME		
STREET ADDRESS	NEW YORK NY 10025		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PST	DELETE	2. 4 CHY-S1-7/P 3.1 TITLE		Change Addition
NAME	WOLF, RAYMOND	[_] Otte	3.2 NAMI		. CT ougude CT vocition
STREET ADDRESS	204 WEST 101 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10025		3.4. CITY - \$1 - 2IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		*Additional Property of the Control	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP	<u> </u>		4.4 C(TY - S1 - Z(P		
TITLE		DELETE	51 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1Y-S1-Z)P		- 14 PA
TITLE		DELETE	6.1 THLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		2 1	6.4 CITY - ST - 7IP	23 O. 440 OTEV 5	
informatio	oy certify that the information suppli on indicated on this annual report of	ied with this tiling does not qu /supplemental alinual report i	ality for the exemption state s true and accurate and tha	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega ort as required by Chapter 607, Florida S	s. Forther certily that the all effect as if made under eath; that
l am an o appears i	officer or director of the corporation in Block 12 or Block 13 if shanging,	brithe receiver or trustee emp or on an attrichment with an a	owered to execute this repo	ort as required by Chapter 607, Florida S	Statutes; and that my name
		N	Ray	lul of alea	
SIGNAT	URE:		1 mymon	(Wer) 7103/7)	