

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90042 015 ***150.00

DOCUMENT # P94000039402

1. Corporation Name
JR KAULEN, INC.

Principal Place of Business
7523 KINGSLEY COURT
LAKE WORTH FL 33467
US

Mailing Address
7523 KINGSLEY COURT
LAKE WORTH FL 33467
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11440 Griffing Blvd.		2a. Mailing Address 26 11440 Griffing Blvd.		3. Date Incorporated or Qualified 05/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0509896	
City & State 23 Biscayne Park, FL		City & State 28 Biscayne Park, FL		Applied For Not Applicable	
Zip 24 33161		Country 25 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 29 US		Zip 30 33161		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 US		Zip 30 33161		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAULEN, JAN
7523 KINGSLEY COURT
LAKE WORTH FL 33467

81 Name Kaulen, Jan
82 Street Address (P.O. Box Number is Not Acceptable)
11440 Griffing Blvd.
83
84 City Biscayne Park FL 85 Zip Code 33161

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

04/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAULEN, JAN	1.2 NAME	
STREET ADDRESS	7523 KINGSLEY COURT	1.3 STREET ADDRESS	11440 Griffing Blvd.
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	Biscayne Park, FL 33161
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAULEN, RENATE	2.2 NAME	
STREET ADDRESS	7523 KINGSLEY COURT	2.3 STREET ADDRESS	11440 Griffing Blvd.
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	Biscayne Park, FL 33161
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED KAULEN 04/25/99

561-301-3786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0355437