

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000053900 (4)

1. Corporation Name
JKLM - USA, INC.



Principal Place of Business

4104 N 22ND ST
TAMPA FL 33610
US

Mailing Address

P O BOX 5823
TAMPA FL 33675
US

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 P.O. Box 1254

27 City & State
MANGO FL

28 Zip Country
33550-1254 US

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

GILMORE, RICARDO L
334 S HYDE PARK AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
HENRY Keith WATSON
82 Street Address (P.O. Box Number is Not Acceptable)
4815 E. Busch Blvd.
83 Suite 208-0
84 City Tampa FL 85 Zip Code 33617

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: Henry K. Watson

(NOTE: Registered Agent signature required when reinstating)

DATE: 1 Jul 96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
LINDSEY, MARY J
12716 N 22ND STREET, #A
TAMPA FL 33612

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
TOY, JACQUELYN H
P O BOX 5823 "N/A"
TAMPA FL 33675

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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:

Mary Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 1996
DATE

Daytime Phone #

CR2E034 (12/95)