

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000020171 (1)

1. Corporation Name

JEKE, INC.

Principal Place of Business

251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

Mailing Address

251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CALLAS, FRANKLIN G ESQ
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the filer.

8.0011 Registered Agent signature required when not designated.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
CALLAS, FRANKLIN G ESQ.
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
D/AS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
P/T/S
GEMPEL, HIEKE C.
350 Plymouth Road
West Palm Beach, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEIKE C. GEMPEL, President

3/31/96 (407) 588-1018

City/State/Phone #

CR2E034 (12/95)