FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

AMENDED
PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

AMENDED

FILED
97 DEC -1 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

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 33480-4302

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0583727 ☐ 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

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

10. Name and Address of New Registered Agent

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

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*****61.25 *****61.25

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 ______________________ DATE ______

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DAS	☐ DELETE	1.1 TITLE	AS	☒ Change ☐ Addition
NAME	CALLAS, FRANKLIN G ESQ.		1.2 NAME	CALLAS, FRANKLIN G., ESQ.	
STREET ADDRESS	251 ROYAL PALM WAY, SIXTH FLOOR		1.3 STREET ADDRESS	251 Royal Palm Way, Sixth Floor	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP	Palm Beach, FL	
TITLE	~~PTS~~	☐ DELETE	2.1 TITLE	DPTS	☒ Change ☐ Addition
NAME	GEMPEL, HIEKE C		2.2 NAME	GEMPEL, HEIKE C.	
STREET ADDRESS	350 PLYMOUTH RD		2.3 STREET ADDRESS	350 Plymouth Rd	
CITY-ST-ZIP	WEST PALM BCH FL		2.4 CITY-ST-ZIP	West Palm Beach, FL	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: ✓ Heike C. Gempel, Pres. (561) 588-1018