

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

FILED

May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000069120 (0)

1. Corporation Name
KJP & ASSOCITES, INC.



Principal Place of Business

3741 NE 163ST
328
N MIAMI BEACH FL 33180
US

Mailing Address

3741 NE 163ST
328
N MIAMI BEACH FL 33180-4104
US

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

06/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0607179

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

WASIK, BARBARA
16345 WEST DIXIE HIGHWAY, SUITE 323
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name CRAIG A. WALTZER
82 Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE Blvd.
83 Suite 424
84 City Aventura FL 85 Zip Code 33180

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]

Craig A. Waltzer

5/22/97

Sign, date, and print name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WASIK, BARBARA	
STREET ADDRESS	3741 NE 163ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PUNCERELLI, KEN	
STREET ADDRESS	3741 NE 163ST #328	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Teresa Beck	
STREET ADDRESS	813 Caroline #C	
CITY-ST-ZIP	Mt. Shasta, CA 96067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Teresa Beck
3.3 STREET ADDRESS	813 Caroline #C
3.4 CITY-ST-ZIP	Mt. Shasta, CA 96067
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

[Signature]

Teresa Beck, 5/22/97

305-937-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)