SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000075115 (2)

JMK INTERACTIVE, INCORPORATED

Principal Place of Business

17740 NW 67TH AVENUE
17740 NW 67TH AVENUE
SUITE 624
MIAMI FL 33015

2 Principal Place of Business

2 Mailing Address

FILED
Aug 07 1996 8:00 am
Secretary of State

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SUITE 62 MIAMI FL				SUITE 624 MIAMI FL 3301!	i			3. Date Incorporated or Qualified	3a. Dat	e of La	ast Rep	ort	7
								09/26/1995	1				
2. Principal Place of Business		28	a. Mailing Address		4. FEI Number		L	Appli	ed For				
21 2		26			65-0607282		[Not A	pplicable				
Suite, Apt #, etc 22		Suite, Apt #, etc		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required							
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24		25	29]	30				Yes X				1
	9. Name	and Address of Curre	ent Regi	stered Agent				10. Name and Address of New Re	gistered A	gent			
	MINE IEEE	ev u				81	Name						
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17740 NW 67TH AVENUE				82 Street Addr		Address (F.O. Box Number is Not Acceptat	ne)						
	SUITE 624	46				83					-		٦
	MIAMI FL 330	113				ļ				1 1			
						84	City		FL	85	Zip Co	de	
office ageni	or registered ag t. I am familiar w	ions of Sections 607.05 gent or both, in the Stat ith, and accept the obli	e of Flori	ida. Such chan	ge was author	orized by	the corp	corporation submits this statement for the p oration's board of directors. Thereby accep	urpose of ch the appoin	nangir Iment	ig its reg as regs	gistered stered	
SIGNATU	RE Signature types	or pulled rame of registered a			(NOTE Re		nt signature	required when reliatating)	DAIL			 	
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14 Ldo b	nereby certify the	t the information event	och with t	this fileactic value	intorily furnial	had and	door oot	quality for the exemption stated in Section	10 (17/2)/1/1	E love.	do Crak	# I	

4. 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 Stateles 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 path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SUCHATURE AND EXPERIENCE NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 305-557-6718
Date Date Day me Prince