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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000075115 (2)

JMK INTERACTIVE, INCORPORATED

Principal Place 17740 NW 67TH SUITE 624 MIAMI FL 33015	I AVENUE	Mailing Address 17740 NW 67TH AVENUE SUITE 624 MIAMI FL 33015-5810			·•····		Date of Last Report 08/07/1996
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				65-0607282	Not Applicable
Suite, Apt 4	#, etc.	Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		-		6. Election Campaign Financing	\$5,00 May Be
23		28				Trust Fund Contribution	
Z(p	Country 25	Zip	Cour 30	ntry		6. This corporation has liability for intangular Florida Statutes	
241	9. Name and Address of Cui		1201			10. Name and Address of New Registe	
KUN	E, JEFFREY M			81	Name		
	O NW 67TH AVENUE		f	82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
	E 624		}	В3			
MAIM	AI FL 33015		Į				
				84	City		FL 85 Zip Code
office or re	ngistered agent, or both, in the St in familiar with, and accept the of	ate of Florida. Such change was a sligations of Section 607,0505, Fic	uthorized orida Stati	i by utes	the corporati s.	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered appointment as registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
Idit	CEOP	DELETE	1 1 TIT	LE			Change Addition
NAME	KLINE, JEFFREY M 17740 NW 67TH AVENUE	RTE 004	1.2 NA				
STREET ABORESS CHY ST-7-P	MIAMI FL 33015	01E 024	1.3 Sf		ADDRESS		
TIFLE		DELETE	2.1 TIT		11-211		Change Addition
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 \$1	REET	ADDRESS		
CITY - ST - ZIP		T or fre			ST-ZIP		
HILE NAME		DELETE	3.1 TIT				Change Addition
NAME STREET ADDRESS			3.2 NA 3.3 ST		ADDRESS		
0-11-S1-7/P			3.4. C				
1016		☐ DELETE	4.1 TIT		**************************************		Change Addition
NAME			4. 2 NA			•	
STREET ACCORESS			- 1		ADDRESS		
City+51-zir TitlE	1 (A)	DELETE	4.4 CiT 5.1 TiT		T-ZiP		Change Addition
NAME		hand DELETE	5.1 III				Fit Sample Fit (Addition
STREET ADDRESS					ADDRESS		
CRY-SI-ZF			5 4 CI	Y-S	T-ZIP		
1 TLF	////	☐ DELETE	6.1 TIT	L£		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NA				
STREET ADDRESS			1		ADDRESS		
14. Ldo hereb	v certify that the information sum	blied with this filing does not qualif	6.4 Cil			in Section 119.07(3)(i), Florida Statutes. I fu	urther certify that the
information	i indicated on this annual report	or supplemental annual report is tr	rue and a	CCU	rate and that	my signature shall have the same legal effet t as required by Chapter 607. Florida Statut	ect as if made under oath; the

SIGNATURE:

MANDEN AND TYPEO'S SEMINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

9-25-97 305-557 Date Dayling Phone #

FILED

May 12 1997 8:00am

Secretary of State

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