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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032847 (1)

FILED Mar 11 1998 8:00am Secretary of State

RICK L	JKMAR ENTERPRISES, II	NC.				1100 HIND HODE (BH)	
Principal Place of Business		Mailing Address	Mailing Address		-		
46 N. WASHINGTON BLVD #1 SARASOTA FL 34236		46 N. WASHINGTON BLVD #1 Sarasota Fl 34236			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified 04/11/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26			59-3436493	Not Applicable	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.				60 TF	
22		27	——————————————————————————————————————		5. Certificate of Status Desired	Fee Required	
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution		
Zip	Country	Zip	Country		8. This corporation owes or has pald t	he current year Intangible	
24	25	29	30		Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
WEINER, NEVIN A 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236			82 83				
			84	City		FL 85 Zip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607, egistered agent, or both, in the Sim familiar with, and accept the of	.0502 and 607.1508, Florida S state of Florida. Such change v bligations of, Section 607.050	tatutes, the above vas authorized by 5, Florida Statutes	e-named corporations.	oration submits this statement for the purp on's board of directors. I hereby accept the	ose of changing its registered e appointment as registered	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered Age	ent signature require	ad when reinstating) (DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
TITLE	DPS	DELETE	1.1 TITLE	D,	P	Change Addition	
NAME	UKMAR, RICK		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - S	T- ZIP			
TITLE	DELETE			S,	T	XXChange	
NAME	UKMAR, JULIE		2.2 NAME	}			
STREET ADDRESS	710 SHILO ROAD		2.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2. 4 Crity - 5	ST-ZIP	•		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE				Change Addition	
NAME			3.2 NAME				

14. Unereby 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 eath; 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.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

___ DELETE

DELETE

DELETE

CICALATURE.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Riole UVuna

3-d-9+ (941)

378-9386

Change

☐ Change

Change

Addition

☐ Addition

Addition