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FILED
May 14 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 # P96000055615 (4)

1. Corporation Name
J.M.K. OF PALM BEACH COUNTY, INC.

Principal Place of Business

3782 MILRUN COURT
GREENACRES FL 33463

Mailing Address

3782 MILRUN COURT
GREENACRES FL 33463-3422

3. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 3782 MILRUN CT.

2a. Mailing Address

26 3782 MILRUN CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 GREENACRES, FL

City & State

28 GREENACRES, FL

Zip

24 33463

Country

25 U.S.A.

Zip

29 33463

Country

30 U.S.A.

4. FEI Number

65-0676 807

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

MAMUN, MOHAMMAD A
3782 MILRUN COURT
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name

MAMUN, MOHAMMAD A

82 Street Address (P.O. Box Number is Not Acceptable)

3782 MILRUN CT.

83

84 City

GREENACRES

FL

85 Zip Code

33463

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 MAMUN, MOHAMMAD A DIRECTOR, MOHAMMAD A MAMUN 04-30-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JAHANGIR, MOHAMMED

STREET ADDRESS 2174 NE 170 ST #105

CITY-ST-ZIP NO MIAMI BEACH FL 33162

TITLE D ☐ DELETE

NAME MAMUN, MOHAMMED A

STREET ADDRESS 3782 MILRUN COURT

CITY-ST-ZIP GREENACRES FL 33463

TITLE D ☐ DELETE

NAME KHAN, DETOL

STREET ADDRESS 1512 WASHINGTON AVE #18

CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: MAMUN, MOHAMMAD A 04-30-97 561-8446601

CR2E034 (9/96)