

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055615 (4)
1. Corporation Name
J.M.K. OF PALM BEACH COUNTY, INC.



Principal Place of Business 3782 MILRUN CT GREENACRES FL 33463 US	Mailing Address 3782 MILRUN COURT GREENACRES FL 33463
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 402-406 - 1477 Street	26 402-406 1477 St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI BEACH - FL	28 MIAMI BEACH - FL
24 33139	29 33139
25 Country	30 Country

3. Date Incorporated or Qualified 07/01/1996		
4. FEI Number 65-0876807	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MAMUN, MOHAMMAD A 3782 MILRUN COURT GREENACRES FL 33463		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	

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 MAMUN (D)** **04-24-98**
Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHANGIR, MOHAMMED	1.2 NAME	MOHAMMED JAHANGIR
STREET ADDRESS	2174 NE 170 ST #105	1.3 STREET ADDRESS	965 MANOR DR. #23A
CITY-ST-ZIP	NO MIAMI BEACH FL 33182	1.4 CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMUN, MOHAMMED A	2.2 NAME	MOHAMMAD A. MAMUN
STREET ADDRESS	3782 MILRUN COURT	2.3 STREET ADDRESS	3782 MILRUN CT.
CITY-ST-ZIP	GREENACRES FL 33463	2.4 CITY-ST-ZIP	GREENACRES FL 33463
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, DETOL	3.2 NAME	
STREET ADDRESS	1512 WASHINGTON AVE #18	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOHAMMED JAHANGIR
1.3 STREET ADDRESS	965 MANOR DR. #23A
1.4 CITY-ST-ZIP	PALM SPRINGS, FL 33461
2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOHAMMAD A. MAMUN
2.3 STREET ADDRESS	3782 MILRUN CT.
2.4 CITY-ST-ZIP	GREENACRES FL 33463
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 JAHANGIR** **1-26-98** **305-532-9404**

CR2E034 (10/97)