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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

DOCUMENT # P96000055615 (4)

1. Corporation Name

J.M.K. OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

3782 MILRUN CT  
GREENACRES FL 33463  
US

3782 MILRUN COURT  
GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	402-406 - 14th Street	26	402-406 14th 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	Applied For
65-0876807	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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	

8. Name and Address of Current Registered Agent

10. Name and Address of New 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

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	1.1 TITLE	PRESIDENT
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	2.1 TITLE	SECRETARY
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	3.1 TITLE	
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		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 MAMUN 1-26-98 305-532-9404

CP2E034 (10/97)