

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90041 012 ***150.00

DOCUMENT # P96000055615

1. Corporation Name

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

Principal Place of Business

402 406 14TH ST
MIAMI BCH FL 33139
US

Mailing Address

402 406 14TH ST
MIAMI BCH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

65-0676807

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

MOHAMMED JAHANGIR

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

6961 ABBOTT AVE. #7

83

84 City

MIAMI BEACH

FL

85 Zip Code

33141

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

MOHAMMED JAHANGIR - PRESIDENT

3-26-99

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
NAME JAHANGIR, MOHAMMED
STREET ADDRESS 965 MANOR DR 23A
CITY-ST-ZIP PALM SPGS FL 33461

TITLE S
NAME MAMUN, MOHAMMED A
STREET ADDRESS 3782 MILRUN CT
CITY-ST-ZIP GREENACRES FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME MOHAMMED JAHANGIR
1.3 STREET ADDRESS 965 MANOR DR 23A
1.4 CITY-ST-ZIP PALM SPGS FL 33461

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

MOHAMMED JAHANGIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)