SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000079846 (7)

JK FUTURES, INC.

Principal Place of Business

Mailing Address

FILED Jul 22 1998 8:00am Secretary of State



3550 BISCAYNE MIAMI FL 33133		3550 BISCAYNE BLVD #504 Miami Fl 33137				
MICHAEL F COLO.		mitani (C 2016)			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 09/26/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
4770 BISCAYNE BIVD 26 4770 Bisc			yne 1	3/Vd	65-0718255	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Mir	mi FL 28 MiAmi Fi		-L		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24 33/3		29 33/37	30 US) A	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent Name 2 PANTO 2 81 Name					10. Name and Address of New Registered Agent	
WILLIG, DAVID 5				01 Maine		
141 NE 3R O AVE 10TH FL Q OR			82	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33132			83			
			84	City	F	85 Zip Code
office or	registered agent, or both, in the State	of Florida. Such change was a	authorized by	the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	f changing its registered pointment as registered
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, Flo	orida Statute	ŝ.		
SIGNATURE	Signature, typed or printed name of registered agen	d and title if annitoable (NC	TE: Registered A	coent signature	required when reinstating) DATI	E
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	DELETE	1.1 TITLE		PT -	Change Addition
NAME	KANTER, JOHN E	1.2 N			Kanter John E.	150
STREET ADDRESS	355D BISCAYNE BLVD #504		1.3 STREET	ADDRESS	Kanter John E. 4770 BISCAYNE BIVE #1	/30
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5	f-ZIP	MIAMI FL 33/37	
TITLE	DELETE		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	r-ziP		
TITLE	DELETE 3		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	TADDRESS		
CITY-ST-ZIP			3.4 CITY-S	r-zip		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	f-ZIP		
TITLE		DELETE	5.1 TITLE	1		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	I-ZIP		Change Addition
TITLE		DELETE	6.2 NAME			Change Addition
NAME				T ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP	l '		6.4 CITY-S	I-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.