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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 JUN 27 PH 3: 27 DOCUMENT # P96000080789 (6) SECRETARY OF STATE J.B.E.K., INC. Principal Place of Business Mailing Address 2405 MAGNOLIA DRIVE 2405 MAGNOLIA DRIVE NORTH MIAMI FL 33181-2222 NORTH MIAMI FL \$3161 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Zip Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOSS, JEREMY A 4000 HOLLYWOOD BLVD STE 265-S Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Progistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 111006 ___ Change Addition 200002228852--07/02/97--01045--022 ****165.00 *****165.0 BOSA, JOHN W NAME 1.2 NAME 2405 MAGNOLIA DRIVE STREET ADORESS 1.3 STREET ADDRESS ****165.00 **NORTH MIAMI FL 33181** CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE Change Addition ATLE 21 TITLE KUMEROW, ERIC AME 2.2 NAM: STREET ADDRESS 1440 N PARK DRIVE 2.3 STREET ADDRESS FT LAUDERDALE FL 33326 CITY-ST-ZIP 2. 4 CHY+S1-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TILLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-7IP DELETE Change TITLE Addition 5 1 1IILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELFTE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

(96/6)

5-1-97 SIGNATURE:

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 eath; 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

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an uttach