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

DOCUMENT # P96000083634

1. Corporation Name

J.K. TAILORING, INC.

Principal Place of Business	•	

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90041 049 ***150.00



					<u> </u>		IDE (NAVI ANDA KRO)	
Principal Pla	ice of Business	Mailing Address						
9505 N.W. 49TH COURT 9505 N.W. 49TH COURT								
CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					10/07/1996			
2 Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
	riace of business	26		65-0709331		Not Applicable		
Suite, Ap	t # etc	Suite, Apt. #, etc.		_ \$		Additional		
		27		5. Certifcate of Status Desired	•	Required		
City & St	ate	City & State		6. Election Campaign Financing	\$5.0	0 May Be		
23		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Intar	ngible		
24	25	29 3				Yes	□No	
	9. Name and Address of Curre				10. Name and Address of New Registered A	gent		
		<u>_</u>	81	Name				
KA	rakouzian, jairair		00					
950	05 N.W. 49TH COURT		82	Street Addi	ress (P.O. Box Number is Not Acceptable)	•		
co	RAL SPRINGS FL 33076		83					
						l [-		
			84	City	FL	85 Ziş	p Code	
11. Pursuar	nt to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose of ch	nanging i	its registered	
office or agent. I	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was autr pations of, Section 607.0505, Florid	norized by a Statutes	tne corporati	on's board of directors. I hereby accept the appoint	ment as	registered	
SIGNATURI	- Minaid Wax	21/ny Pr 0 -					\	
	Signature, typed or printed name of registered as			nt signature require	ad when reinstating) DATE	DIDECT	FORC IN 12	
12.	T _	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	D	□ DELETE	1.1 TITLE			Ottaing	e	
NAME	KARAKOUZIAN, JAIRAIR		1.2 NAME				1	
STREET ADDRES	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	·	1.3 STREE	TADORESS				
C/TY-ST-ZIP-	CORAL SPRINGS FL 33076		1.4 CITY+S	ST-ZIP		Chang	e Addition	
TITLE		☐ DELETE	2.1 TITLE			☐ Chang	eAddition	
NAME			2.2 NAME					
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CITY-ST-ZIP	<u> </u>		2.4 CITY-	ST-Z/P	A STATE OF THE STA			
TITLE	` ` ` ` `	☐ DELETE	3.1 TITLE			Change	e 🗌 Addition	
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CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition	
NAME			5.2 NAME					
STREET ADDRES	ss		5.3 STREE	T ADDRESS			\	
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE		•	Chang	e 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRES			6.3 STREE	T ADDRESS			ţ	
CITY-ST-ZIP	# · · s		6.4 CITY-5	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.