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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

TARPON SPRINGS, FL

DOCUMENT # P96000085632 (3)

J.M.K. FINANCIAL SERVICES, INC.

PINELLAS

SPRINGS, FL

Principal Place of Business

Mailing Address

2a. Mailing Address

1200

City & State

Suite, Apt. #, etc.

SVITE

36410 U.S. HWY 19 NORTH PALM HARBOR FL 34664

2. Principal Place of Business

1200 5.

SUITE

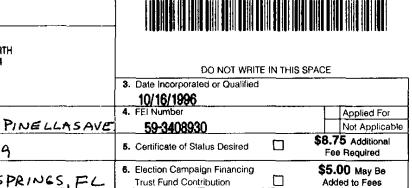
TARPON

Sulte, Apt. #, etc

City & State

36410 U.S. HWY 19 NORTH PALM HARBOR FL 34684

## **FILED** May 05 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible

Country USA 34689 9. Name and Address of Current Registered Agent KOULIANOS, JOHN M. 1020 PENINSULA AVE TARPON SPRINGS FL 34689

	10. Name and Address of New Registered	Agent	
81	Name		
62	Street Address (P.O. Box Number is Not Acceptable)		
В3			
QA	City	les l	Zin Codo

Personal Property Tax due June 30.

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

SIGNATURE	Signature, typed or printed name of registered agent and little if applica	able (NOTE R	egistered Agent signature requir	ed when reinstating)	DATE		
12.				ADDITIONS/CHANGES TO C	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Additio	
NAME	KOULIANOS, JOHN M	AVe	1.2 NAME				
STREET ADDRESS	86410 U.S. HWY-19 NORTH 1020	* * *	1.0 STACET PODITION				
CITY-ST-ZIP	PALM HARBOR FL 34684 TARPON	SPRINGS, FL	1.4 CITY-ST-ZIP				
TITLE		DELETE 346	SE) TITLE		Change	Additio	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		• ,		
TITLE		DELETE	3.1 TiTLE		Change	Additio	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		DELETE	41 TOTLE		Change	Additio	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZiP				
TITLE		DELETE	5.1 TITLE		☐ Change	Additio	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TATLE	<del></del>	Change	Additio	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - 7IP				

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 or powered 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 a address.

CICNATURE:

4/27/98 813-942-2500