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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000040904**

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90011 030 ***150.00

JKS CORP.								
Principal Place of Business	Mailing A							
1501 W. COPANS RD., #105 POMPANO BEACH FL 33054 1501 W. COPANS RD., #105 POMPANO BEACH FL 33054				DO NOT WEITE	IN THE SPACE	-		
					DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE		7
					05/07/1997			
2. Principal Place of Business	2a. Mailin	g Address			4. FEI Number	-	oplied For	1 12
21	· 26				65-0808891		ot Applicable	∤ ફું
Suite, Apt. #, etc.	27	Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
City & State	— ·	State			6. Election Campaign Financing		May Be	
23	28				Trust Fund Contribution	Added	to Fees	-
Zip Cou		.	Country		8. This corporation owes the current	t year Intangible ☐ Yes	□No	
24 25 25 Advance and Adv	29 dress of Current Registered A	30	0		Personal Property Tax. 10. Name and Address of New Reg			-
SKUBIC, JASMINA	uress or current Registered A	-gant	81	Name	10. Name and Address of Nam Neg	Jistorea Ageint		
5845 35 WAY			82	Street Addre	ss (P.O. Box Number is Not Acceptable		AR SO WIELES	1 ·
BOCA RATON FL 3349	96		83					
			84	City		FL 85 Zip	Code	
office or registered agent, or be	sections 607.0502 and 607.1508 oth, in the State of Florida. Suclacept the obligations of, Section	h change was auth	horized by t	-named corpo the corporation	ration submits this statement for the pu i's board of directors. I hereby accept the	rpose of changing its he appointment as re	registered egistered	
agent. I am iamiliar with, and a	iccept the obligations of, Section	H 007.0303, FIORIGA						
SIGNATURE						DATE		
Signature, typed or printed n	ame of registered agent and title if applicable	le. (NOTE: Re	egistered Agent	signature required		DATE	DS IN 12	- íg
Signature, typed or printed n	ame of registered agent and title if applicable OFFICERS AND DIRECTORS	le. (NOTE: Re	egistered Agent	signature required	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	11/98)
Signature, typed or printed in 12. TITLE D	OFFICERS AND DIRECTORS	le. (NOTE: Re	egistered Agent 13. 1.1 TITLE	signature required		ERS AND DIRECTO		4 (44798)
Signature, typed or printed in 12. TITLE D SKUBIC, JASMIN FOAT AIM OF MA	OFFICERS AND DIRECTORS	le. (NOTE: Re	egistered Agent 13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO		-034 (44798)
Signature, typed or printed in 12. TITLE D NAME STREET ADDRESS S45 NW 35 WA POCA PATON 6	OFFICERS AND DIRECTORS IA Y	le. (NOTE: Re	egistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET.	ADDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO		20E034 (44/98)
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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: