

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000051762 (7)

1. Corporation Name
KJR INK, INC.



Principal Place of Business
4731 NW 10 ST #112
PLANTATION FL 33313

Mailing Address
4731 NW 10 ST #112
PLANTATION FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1997

2. Principal Place of Business
21 7859 Springfield Lk Drive
Suite, Apt #, etc

2a. Mailing Address
26 7859 Springfield Lk Drive
Suite, Apt #, etc

4. FEI Number
65-0756998
Applied For
Not Applicable

22 City & State
23 Lakeworth Florida
Zip Country
24 33467 25 U.S.A.

27 City & State
28
Zip Country
29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JENNER, KARYN
4731 NW 10 ST #112
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 *Karyn Jenner*
Signature typewritten printed name of registered agent and title of corporation (NOTE: Registered Agent signature required when reinstating)

3/10/98

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PSTD
JENNER, KARYN
STREET ADDRESS 4731 NW 10 ST #112
CITY-ST-ZIP PLANTATION FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-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.

SIGNATURE: *Karyn Jenner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/98

954-574-1538
Daytime Phone # 0284087

CR2E034 (10/97)