Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90094 047 ***150.00

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 # P97000081876

1. Corporation Name

J KOOL & K, INC.

Principal Place of Business Mailing Address					- I (BAITEBRI SER LIBER) BERTH BRITE BRITE BRITE BRITE BRITE		INDIA BIN LEBI
2060 MAGNOLIA AVE. 2060 MAGNOLIA AVE.							
S. DAYTONA FL 32119 S. DAYTONA FL 32119							
[·					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		Ì
\					09/22/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
21		26			59-3510868		ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc	 -		5. Certificate of Status Desired		Additional equired
City & State	Α	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29 30	- ·		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Current	_ 	'		10. Name and Address of New Registere	ad Agent	
	3, Hand Blid Addioso of Carlette		81	Name			1
KUEHL, JOSEPH A							
2060 MAGNOLIA AVE.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
S. DAYTONA FL 32119			83				
		_					
			84	City	F	85 Zip	Code
		and COT 1509 Florido Statutos	the about	nomod cor	poration submits this statement for the purpose		s registered
l office or r	egistered agent, or both, in the State c	of Florida. Such change was auth	orized by	the corporat	tion's board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes	-			
SIGNATURE					red when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI			nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	P OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE							
NAME	KUEHL, KERRY		1.2 NAME				
STREET ADDRESS			I	F ADDRESS			
CITY-ST-ZIP			1.4 CITY-ST-ZiP			Chongo	Addition
TITLE	At .		2.1 TITLE			Change	L Monitori
NAME	NOLFIE, GOOLFIT		2.2 NAME				
STREET ADDRESS	EDOD MINGHOLDS AVENUE		2.3 STREE	FADDRESS			ļ
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	. =	2.4 CITY-5	ST-ZIP			C Addition
TITLE		□ DELETE	3.1 TITLE		•	☐ Change	Addition
NAME	reserving		3.2 NAME		•		}
STREET ADDRESS	••		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST- ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	~		4. 2 NAME				Į
STREET ADDRESS			4.3 STREE	TADDRESS			j
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

... DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Addition