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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P97000088458 (9) DOCUMENT #

JKS DESIGNS, INC.

FILED May 19 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 1212 WEST LAS OLAS BOULEVARD 1212 WEST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business 26. Mailing Address FEI Numl Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ No 24 29 30 Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STANDRIDGE, JAMIE K 1212 WEST LAS OLAS BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33312 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typied or printed harie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TRESIDENT DELETE Addition TITLE 1.1 TOLE ☐ Change STANDRIDGE, JAMIE K NAME 1.2 NAME CR2E034 1212 WEST LAS OLAS BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change ☐ Addition TITL E NAME 22 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 5.1 THILE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 7IP 14. Thereby certify that the informindicated on this ampiat repoint officer or director of the corporation o ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address. ation supplied with this of or supplemental annual oration or the receiver or