

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

FILED
May 14 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 # **S17422** (4)
1. Corporation Name
J & K SWEEPING, INC.



Principal Place of Business 505 SOUTH FLAGLER DR SUITE 1300 WEST PALM BEACH FL 33401 US	Mailing Address 505 SOUTH FLAGLER DR SUITE 1300 WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 505 South Flagler Dr. Suite, Apt. #, etc. 22 Suite 1010 City & State 23 West Palm Beach, FL Zip 24 33401		2a. Mailing Address 26 505 South Flagler Dr. Suite, Apt. #, etc. 27 Suite 1010 City & State 28 West Palm Beach, FL Zip 29 33401		3. Date Incorporated or Qualified 11/28/1990	
Country 25 US		Country 30 US		4. FEI Number 65-0226980 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SNED, WILLIAM H., JR. 218 DATURA ST. WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D JOHNSON, RICHARD S., JR.			1.1 TITLE			
NAME	505 SOUTH FLAGLER DRIVE #1300			1.2 NAME			
STREET ADDRESS	WEST PALM BEACH FL 33401			1.3 STREET ADDRESS	505 South Flagler Drive, #1010		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	D <input type="checkbox"/> DELETE			2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOENIG, PATRICK C			2.2 NAME			
STREET ADDRESS	505 SOUTH FLAGLER DRIVE #1300			2.3 STREET ADDRESS	505 South Flagler Drive, #1010		
CITY-ST-ZIP	WEST PALM BEACH FL 33401			2.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	<input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 of an attachment with an address.

SIGNATURE _____ **Richard S. Johnson, Jr.** 04/29/98 561 655

CR2E034 (10/97)