FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S39363 (4)

1. Corporation Name

Jakkie Realty Corp.
6175 N.W. 153rd Street, Ste 215
Miami Lakes, Fl 33014

Principal Place of Business / Mailing Address

Jakkie Realty Corp. SAME
c/o Sheldon Evans, P.A.
6175 N.W. 153rd St., Ste 215
Miami Lakes, Fl 33014

2. Principal Place of Business	2a. Mailing Address
21 6175 N.W. 153rd St.	26 6175 N.W. 153rd St.
Suite, Apt. #, etc. 22 Suite 215	Suite, Apt. #, etc. 27 Suite 215
City & State 23 Miami Lakes, Fl	City & State 28 Miami Lakes, Fl
Zip 24 33014 Country 25	Zip 29 33014 Country 30

3. Date Incorporated or Qualified: 03/18/1991
3a. Date of Last Report: 1995
4. FEI Number: 650257246 ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHELDON EVANS, P.A.
6175 N.W. 153rd Street
Suite 215'
Miami Lakes, Fl 33014

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: Sheldon Evans, P.A. 8/6/96
Signature, typed or printed name of individual with authority to sign (NOTE: Registered Agent Signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Amkie, Jack	1.2 NAME	
STREET ADDRESS	6175 N.W. 153rd Street,#215	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, Fl 33014	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	700001922357
STREET ADDRESS		6.3 STREET ADDRESS	-08/14/96--01097--018
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jack Amkie Pres/Director 8/6/96 (305) 557-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JACK AMKIE

8/14/96

CR2E034 (12/95)