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

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90165 023 ***150.00

DOCUMENT # **S47479**1. Corporation Name

J & K FAMILY ENTERPRISES, INC.

Principal Place of Business 1503 BRENTWOOD BLVD AUBURNDALE FL 33823

Mailing Address

1503 AUBURN OAKS BLVD AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPAC

				3. Date Incorporated or Qualifed		
				04/22/1991		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 /503	Huburn Oaks,	26		59-3057598	Not Applicable	
Suite, Apt. :	#, etc. Blvd.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Start		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Hube	undale FC	28		Trust Fund Contribution	Added to Fees	
			Country	8. This corporation owes the current year Inta		
24 3 38 6 25 73/1 29 30			<u>ا</u>	Personal Property Tax. 10. Name and Address of New Registered A	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 7						
MIDDHY DONALD T				andall C. Knapp		
4740 CLEVELAND HEIGHTS BLVD.				Idress (P.O. Box Number is Not Acceptable)		
SUITE 1				Casalena Coult		
LAKELAND FL 33807						
			84 City / 5	inter Haven 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, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed oriprinted name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	WNEK, MICHAEL E.		12 NAME	•		
STREET ADDRESS	526 HILLSIDE DR		1.3 STREET ADDRESS		Į.	
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	KNAPP, MARTIN V.		2.2 NAME	•		
STREET ADDRESS	1505 AUBURN OAKS DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL		2.4 CITY-ST-ZIP		<u> </u>	
TITLE	VD	☐ DELETE	31 TITLE	•	Change Addition	
NAME.	JENNINGS, THOMAS G.		3.2 NAME			
STREET ADDRESS	410 ADAMS RD		3 3 STREET ADDRESS		Ì	
CITY-ST-ZIP	AUBURNDALE FL	- DELETE	3.4 CITY-ST-ZIP		Change Addition	
TITLE	PD DANIDALL I	☐ DELETE	4.1 TITLE	•		
NAME	KNAPP, RANDALL L.		4. 2 NAME	·		
STREET ADDRESS	17 CASARENA		4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33881	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · ·	☐ Change ☐ Addition	
TITLE	JOHNSON, WILLIAM C.	ر المداد	5.2 NAME		, ,	
NAME	1503 AUBURN OAKS BLVD		5.3 STREET ADDRESS		·	
STREET ADDRESS	AUBURNDALE FL 33823		5.4 CITY-ST-ZIP	·		
CITY-ST-ZIP	AUDUNITUALL I E 00020	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
1			6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP			
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 changeds or on an attachment with an address, with all other like empowered.

SIGNATURE: 4