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

PROFIT CORPORATION ANNUAL REPORT

1997

City-ST-ZiP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V18120

(8)

KEN JAM WHOLESALE & SUPPLIES, INC.

FILED
Feb 06 1997 8:00am
Secretary of State

Principal Plac 1175 NE 125T SUITE 102 NORTH MIAMI		1175 SUIT	Mailing Address 1175 NE 125TH ST SUITE 102 NORTH MIAMI FL 33161-5039									
							. [Date Incorporated or Quality 03/03/1992		ate of Last F 18/1996	leport	
	Place of Business	2a.	Mailing Address					4. FEI Number			pplied For	
21		26						65-0324871			ot Applicable	
Suite, Apt.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired	a 🗆		Additional equired	
City & Stat	.G	h	City & State					6. Election Campaign Financi			May Be	
23	Country	28	7.0	Cou				Trust Fund Contribution			to Fees	
24	25	29	? ip	30	ntry			This corporation has liability Florida Statutes	y for intangible	tax under s No	i. 199.032 _i	
1241	9. Name and Address of Currer	anner of the send of the series	red Agent	1901			<u></u> 1	10. Name and Address of Ne				
TAT	E, J KENNETH				81	Name	ne					
	5 NE 125TH ST				82	Ctroo	ol Addraga	(P.O. Box Number is Not Aco	antabla)			
	TE 102				02	Suee	et Address	(P.O. BOX NUMBER IS NOT ACC	вріарів)			
NOI	RTH MIAMI FL 33161				83	***************************************					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					84	City				85 Zip	Code	
ļ								· · · · · · · · · · · · · · · · · · ·	FL	. ` `		
office or agent. La SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State rm familiar with, and accept the oblig Signature typed or providence of registered ag							is board of directors. I hereby a the reinstating)	DATE	xintment as	registered	
12.	OFFICERS AN	ORS					ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTOR	1S IN 12		
TITLE	PD		DELETE	11 TI	LE					Change	Addition	
NAME	TATE, J. KENNETH			1.2 N/4	ME							
STREET ADDRESS	1175 NE 125 ST STE 102			13 ST	AEET	address	s	•				
CITY-\$1-7IP	N MIAMI FL		<u></u>	1.4 CI		T-ZIP						
THLE	T		DELETE	21 111	LE		Trease	umer, VicePrasident, Si	ecetors,	Change Change	Addition	
NAME	TATE, JAMES D.			22 N	ME				Diventes	* .		
STREET ADDRESS	1175 NE 125 ST STE 102			23 ST	REET	address	s					
CHY-SI-ZIF	N MIAMI FL		D.E. Etc.	2.4 C		T-ZIP			······································		·	
TITLE	TATE DEST LINDA		☐ DELETE	3.1 111			† '		•	L Change	Addition	
HAME	TATE-BEST, LINDA 1175 NE 125 ST STE 102			3.2 NA								
STREET ADDRESS	N MIAMI FL					address	S					
CiTY+ST+ZiP TiTLE	II MICMI FL	·····	DELETE	3.4. CI 4.1 Til		T-ZIP				Change	Addition	
NAME			L.J DELETE							L. Urange	Mannon	
STREET ADORESS				4. 2 N/		* DDDCCC						
						ADDRESS	•					
CHY-ST-2IP THEE			DELETE	4.4 CI	_	I - EIF	-		····	Change	Addition	
NAME			beautiful for the first of the	5.2 NA						orange	L. radicion	
STREET ADDRESS						ADDRESS						
CITY-ST-2IP				5.4 CF			`					
TITLE			DELETE	6.1 TIT		r - ZIF				Change	Addition	
NAME				6.2 NA								
STREET ADDRESS						ADDRESS	s					

6.4 CITY-ST-ZIP 14. I do 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.