

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 07 1998 8:00am
Secretary of State

DOCUMENT # **V18120** (8)

1. Corporation Name

KEN JAM WHOLESALE & SUPPLIES, INC.

Principal Place of Business

**1175 NE 125TH ST
SUITE 102
NORTH MIAMI FL 33161**

Mailing Address

**1175 NE 125TH ST
SUITE 102
NORTH MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1992

4. FEI Number

65-0324871

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**TATE, J KENNETH
1175 NE 125TH ST
SUITE 102
NORTH MIAMI FL 33161**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE

NAME **TATE, J. KENNETH**
STREET ADDRESS **1175 NE 125 ST STE 102**
CITY-STATE-ZIP **N MIAMI FL**

TITLE **TVSD** ☐ DELETE

NAME **TATE, JAMES D.**
STREET ADDRESS **1175 NE 125 ST STE 102**
CITY-STATE-ZIP **N MIAMI FL**

TITLE **D** ☐ DELETE

NAME **TATE-BEST, LINDA**
STREET ADDRESS **1175 NE 125 ST STE 102**
CITY-STATE-ZIP **N MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

700002612487

-08/11/98--01020--032

*****150.00**

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 on an attachment with an address

SIGNATURE:

[Signature]

7/7/98 (200) 991-1106

CR2E034 (5/98)

(2)

KEN JAM WHOLESALE & SUPPLIES, INC.

1175 NORTHEAST 125TH STREET
SUITE 102
NORTH MIAMI, FLORIDA 33161

(305) 891-1106
FAX (305) 891-6750

Via Certified Mail Z 085 281 354

July 7, 1998

Division of Corporations
Annual Reports Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

**Re: Document No. V18120 (8)
1998 Annual Report**

Dear Sir/Madam:

The enclosed form was received by us on July 2, 1998. We never received the first Annual Report packet.

As instructed by your office on July 6, 1998, we are enclosing the executed 1998 Annual Report, plus our check number 100176 in the amount of \$150.00 made payable to the order of Florida Department of State.

Thank you for your cooperation in this matter.

Very truly yours,

KEN JAM WHOLESALE & SUPPLIES, INC.



STEVAN D. LIEBERMAN
Controller

SDL:kjm

Enclosures: as noted