PROFIT CORPORATION ANNUAL REPORT



1999 DOCUMENT # **V24514**

1. Corporation Name

J & K'S - DQ, INC.

FILED Mar 02, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 03-02-1999 90137 028 ***150.00



Principal Place	e of Business	Mailin	g Address					\$1\$11 41811 1881
18509 SOUTH E	-		SW 171 ST					
MIAMI FL 33157 MIAMI FL 33157						DO NOT WRITE IN THIS SPACE		
U\$						3. Date Incorporated or Qualifed		
						03/26/1992		ļ
2. Principal Pl	lace of Business	2a. M	ailing Address			4. FEI Number	l A	pplied For
21		26	ŭ			65-0326106	N.	ot Applicable
Suite, Apt.	#, etc.		ite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22 27						5. Certificate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees
Zip	Country	Ži _l	Ď	Сош	ntry	8. This corporation owes the current y		□No
24	9. Name and Address of Current Registered Agent		30	Personal Property Tax. Yes		LINO		
	9. Name and Address of Cur	rent Register	ea Agent_		81 Name	10. Haille and Address of New Regis	/ / / /	
BLAT	TY, ANTHONY					KENIT IN CO	-17/	
7600 RED RD					82 Street Addi	ress (P.O. Box Number is Not Acceptable)	1775,	/
SUITE 201					83	,1300 Gas 1	160	
MAIM	MI FL 33143							
			_		84 City /	(H-F1)	FL 85 勢	Sode 7
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.	1508, Florida Statu	tes, the at	ove-named corp	poration submits this statement for the purpon's board of directors. I hereby accept the		s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida.	Such change was	outhorized	by the corporation	on's board of directors. I hereby accept the	appointment as re	egistered
	m ramiliar with, and accept the ob-	ilgations of, 36		Jida Otato	163.	2/9-	1749	'
SIGNATURE Signature, typed or printed name of registered agent and title papplicable. (NOTE					Agent signature require	ed when reinstating)	TE /	
12.		AND DIRÉCT		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	\$	//	DELETE	1.1 TIT	Æ		☐ Change	☐ Addition
NAME	ST. CLAIR, KEITH J.	/	r	1.2 NA	ME			
STREET ADDRESS	7520 SW 171 ST	/		1.3 STI	REET ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33157		Design		Y-ST-ZIP		Change	Addition
TITLE	D CLAIR IOLINIUTA O		☐ DELETE	2.1 TIT			□ Cilange	C Addition
NAME	ST. CLAIR, JOHNNITA S.			2.2 NA				
STREET ADDRESS	7520 SW 171 ST				REET ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33157		☐ DELETE	2. 4 CF	TY-ST-ZIP		Change	Addition
TITLE			ے مدداد	3.2 NA				
NAME STREET ADDRESS					REET ADDRESS			ļ
					ry-st-zip			-
CITY-ST-ZIP			DELETE	4.1 TiT			☐ Change	Addition
NAME				4. 2 N				}
STREET ADDRESS				4.3 STI	REET ADDRESS			
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP			
TITLE			□ DELETE	5.1 TIT			Change	☐ Addition
NAME				5.2 NA	ME	•		
STREET ADDRESS				53 ST	REET ADDRESS			
CITY-ST-ZIP				5.4 CN	Y-ST-ZIP			
TITLE			☐ DELETE	6.1 TIT	LE	- -	☐ Change	☐ Addition
NAME				6.2 NA	ME			,
STREET ADDRESS				6.3 \$11	REET ADDRESS	•		
CITY_ST_7IP				6.4 CIT	Y-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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR