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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36806

(0)

KJM FINANCIAL, INC.

FILED Mar 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								{					
	,			_	-								
300 S. PINE ISLAND RD. STE. 238					300 S. PINE ISLAND RD. #238								
PLANTATION FL 33324				PLANTATION FL 33324	•				DO NOT WRITE IN THIS SPACE				
US				US					3. Date Incorporated or Qualified 05/11/1992				
2.	2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address				4. FEI Number			Applied For	
21	21			26	26							Not Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status D	esired \square		Additional Required	
	City & State			City & State	\\				6. Election Campaign Fir	nancina	\$5.0	O May Be	
23		28						Trust Fund Contribution			d to Fees		
	Zip	-	Country	Zip	Coun				8. This corporation owes	or has paid the c	urrent year	Intangible	
24			25	29	30				Personal Property Tax due June 30. Yes You				
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
	BEN	WIS, WILL	IAM			81	Nar	ne				1	
		S. PINE I						at Addres	s (P.O. Box Number is Not	Accentable)			
SUITE 238 PLANTATION FL 33324						1	500	ot Addi oa	10 (1 .O. DOX 140/11D01 13 1401	noooptaolo)		1	
						83							
										F	85 Zi	p 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												000 0140	
12		OFFICERS AND		AND DIRECTORS					ADDITIONS/CHANGES	TO OFFICERS AF			
TIT		BENNIS, WILLIAM		☐ DELEIE			1.1 TITLE				L Chang	e LT MODITION	
NA						1.2 NAME		-					
STA	EET ADDRESS						T ADDRESS						
	Y-ST-ZIP	PLANIA	11UN FL 33324	Christ		CITY-ST-ZIP		 			Chons	e Addition	
THIL				☐ DELETE			21 TITLE 22 NAME				L Chang	e Magagan	
NA)	NAME												
STREET ADDRESS						2.3 STREET ADDRESS		SS					
	TY-ST-ZIP					2. 4 CITY - ST - ZIP				I Obasa	- Cladenia-		
TITL	TITLE		L_J DELETE			3.1 TITLE				☐ Chang	e L_I Addition		
NA	ME				3.2 N	IAME							
STR	STREET ADDRESS			3.3 STREET ADDRESS		ss							
CIT	Y-ST-ZIP						ST-ZIP				F7 ~.		
TITL	.E			DELETE	4.1 T	ITLE					Chang	e La Addition	
NA	ME				4.2	NAME						Į	
STREET ADDRESS					4.3 STREET ADDRESS		ss						
CITY-ST-ZIP			4.4 CITY		ST-ZIP				· • · · ·				
TITE	LE			☐ DELETE	5.1 T	ITLE					☐ Chang	e [_] Addition	
NA	ME				5.2 N	IAME							
STR	REET ADDRESS				5.3 8	TREET	ADDRE	ss					
CIT	Y-ST-ZIP				5.4 (ITY-S	T-ZIP						
TIT	ιE	·		☐ DELETE	6.1 T	ITLE					☐ Chang	e 🔲 Addition	
NA	ME				6.21	IAME							
STR	REET ADDRESS				6.3 \$	TREET	ADDRE	ss					
CIT	Y-ST-ZIP				6.4 C	HY-S	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 changed, or on an atjachment with an address.

SIGNATURE VOILLAIN DESCRICT

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CR2E034 (10/97