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 #

(5)

J. K. RELIEF SERVICE, INC.

FILED Apr 28 1998 8:00am Secretary of State



						<u> </u>			
Principal Place of Business Mailing Address						4 18819 Billist binte baint sonin Bills Bills Bi		H DISH ISS	
4777 ARROW	r ROAD	4777 ARROW ROAD	4777 ARROW ROAD						
ORLANDO FL 32012		ORLANDO FL 32812		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified	- 1110 01 7102		
						06/01/1992			
2. Principal P	ace of Business	2a. Mailing Address				4, FEI Number	l Ac	plied For	
21		— — ·	26			59-3135093	 	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75	Additional	
22		27	27			5. Certificate of Status Desired	Fee Re	equired	
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Added t	to Fees	
Z ip			\vdash	8. This corporation owes or has paid the current year Intangible					
24	[25]	29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	ent Hegistered Agent		B1	Name	10. Name and Address of New Neglist	tereu Agent		
	REFT, JOSEPH								
	77 ARROW ROAD		82 Street Add		Street Add	ress (P.O. Box Number is Not Acceptable)		•	
Ur	RLANDO FL 32812		ŀ	B3					
			- [
				B4	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	les, the ab	oove-	named corp	poration submits this statement for the purp	ose of changing it	s registered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was	authorized	ďbγ⊹	the corporat	tion's board of directors. I hereby accept th	ne appointment as	registered	
, i	The territory with the transfer the open	igationa of coolien control of the	onda bian						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NO)	TE Registered	d Agen	t signature requi		DATE		
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE				TLE			L Change	Addition	
NAME	KREFT, JOSEPH			1.2 NAME					
STREET ADDRESS	4777 ARROW ROAD ORLANDO FL		i i		ADDRESS				
CITY-ST-ZIP TITLE	ST ST			TY-ST	- ZIP		Change	Addition	
NAME	KREFT, JOSEPH		DELETE 2.1 TITLE						
STREET ADDRESS	4777 ARROW ROAD		2.3 STREET ADDRESS		LOORESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE				☐ Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 ST	REET A	DORESS				
CITY-ST-ZIP			3.4. CI	ITY-ST	- ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			_	TY · ST	- ZIP				
TITLE		☐ DELETE	5.1 717				☐ Change	Addition	
NAME			5.2 NA						
STREET ADDRESS	:				ADDRESS				
CITY-ST-ZIP		DOLETO		TY-ST	- ZIP		☐ Change	Addition	
TITLE		☐ DELETE	6.1 7(7				∟ clarige		
NAME			6.2 NA		DDDFCC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	partify that the information survivied	with this filing does not qualify t		TY-ST		Section 119 07(3)(i). Florida Statutes, I furti	ther certify that the	information	

r nereuy certify that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.

PRISIDENT

4-18-98 (417) 275-5259