FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED
95 MAY -1 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V42323 (8)

1. Corporate Name

JKA ENTERPRISES, INC.

Principal Place of Business

9715 W. BROWARD BLVD.
STE. #105
PLANTATION FL 33324
US

Mailing Address

210 N. UNIVERSITY DR.
STE 502
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1992

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0339647 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. This corporation has liability for unemployment tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, BETH ANN
9715 W. BROWARD BLVD.
STE. #105
PLANTATION FL 33324

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 (Typed or Printed Name of Registered Agent) (If Registered Agent is an Individual) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
101	D	111	☐ Change ☐ Addition
102 NAME	BROWN, ROBERT	112 NAME	
103 STREET ADDRESS	9715 W. BROWARD BLVD., #105	113 STREET ADDRESS	
104 CITY-ST-ZIP	PLANTATION FL 33324	114 CITY-ST-ZIP	
105	D	115	☐ Change ☐ Addition
106 NAME	BROWN, BETH ANN	116 NAME	
107 STREET ADDRESS	9715 W. BROWARD BLVD., #105	117 STREET ADDRESS	
108 CITY-ST-ZIP	PLANTATION FL 33324	118 CITY-ST-ZIP	
109		119	☐ Change ☐ Addition
110 NAME		120 NAME	
111 STREET ADDRESS		121 STREET ADDRESS	
112 CITY-ST-ZIP		122 CITY-ST-ZIP	
113		123	☐ Change ☐ Addition
114 NAME		124 NAME	
115 STREET ADDRESS		125 STREET ADDRESS	
116 CITY-ST-ZIP		126 CITY-ST-ZIP	
117		127	☐ Change ☐ Addition
118 NAME		128 NAME	
119 STREET ADDRESS		129 STREET ADDRESS	
120 CITY-ST-ZIP		130 CITY-ST-ZIP	
121		131	☐ Change ☐ Addition
122 NAME		132 NAME	
123 STREET ADDRESS		133 STREET ADDRESS	
124 CITY-ST-ZIP		134 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in this report or supplemental annual report is true and correct and that my signature below authorizes the Department of State to change, if necessary, the registered office and/or registered agent, and the address of the registered office and/or registered agent of the corporation named in this report or supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears above, or below, as an officer or director of the corporation or its agent.

SIGNATURE: Beth Ann Brown, Beth Ann Brown 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)321-8391

0114232 CP