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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58076

(3)

JEN-KEL ENTERPRISES, INC.

	F	ILED	1
May	09	1997	8:00am
Sec	ret	ary of	State



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Principal Place of Business  2376 N FED HWY FORT LAUDERDALE FL 33312		Mailing Address  2376 N FEDERAL HWY  FORT LAUDERDALE FL 33305-2562					
		00			<ol><li>Date Incorporated or Qualified 08/12/1992</li></ol>	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2s. Mailing Address	WILL		4. FEI Number	Applied For	
21		26			65-0426009	Not Applica	
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for	intangible tax under s. 199.032	
24	25		30			Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	LLY, LISA W.		В	1 Name			
	'6 N FED HWY RT LAUDERDALE FL 33305		8	2 Street A	Address (P.O. Box Number is Not Acceptal	ole)	
	TI ENDUCTIONEL I C 00000		8	3			
			8	4 City		FL 85 Zip Code	
				<u> </u>	corporation submits this statement for the coration's board of directors. I hereby acce		
SIGNATURE	Signature, typical or printed name of registered a OFFICERS A	ND DIRECTORS	Registered A	gent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE		
THILF	D	☐ DELETE	1.1 TITLE			Change Addi	
NAME	REILLY, LISA W.		1.2 NAM	:			
STREET ADDRÉSS	2376 N FED HWY		1.3 STRE	ET ADDRESS			
CHTY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY		······································		
1/TL€		☐ DELETE	21 TITLE	1		Change Addi	
NAME			2.2 NAM				
STREET ADDRESS				ET ADDRESS	ı		
CHY-SI-ZIP TITLE		DELETE	2.4 CITY 3.1 TITLE	-\$1-ZIP		Change Addi	
		C) WILLIA		Ì		Et Cilpinge Et Roui	
NAME DEBUTE ADDRESS			3.2 NAM				
STREET ADDRESS		7		et address - St-Zip			
CITY-S1-ZIP TITLE		DELETE	4.1 TITLE			Change Addi	
NAME		<del></del>	4.2 NAM				
STREET ADDRESS			1	ET ADDRESS			
CITY ST-ZIP			4.4 City				
TOLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addi	
NAME			5.2 NAM		•		
STREET ADERESS			5.3 STRE	ET ADDRESS			
CITY - S1 - ZIP			5.4 CITY	·ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE			Change Addi	
NAMÉ			6.2 NAM	Ε	e e e e e e e e e e e e e e e e e e e		
STREET ADDRESS			6.3 STRE	ET ADORESS			
CI7Y-S1-7IP			64 C/TY	-ST-ZIP			

14. I do 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 chapter on an attachment with an address.

SIGNATURE:

NING OFFICER ON DIRECTOR

4/22/97 05454-5565 Dayling Project