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Jan 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J78638 (0)

1. Corporation Name  
J.R.B.-J., INC.



Principal Place of Business: % RONALD L. RUSSI, 2626 IROQUOIS AVENUE, SANFORD FL 32773  
Mailing Address: % RONALD L. RUSSI, 2626 IROQUOIS AVENUE, SANFORD FL 32773-5015

3. Date Incorporated or Qualified: 06/19/1987  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: 59-2814352  
 Applied For  
 Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSI, RONALD L.  
2626 IROQUOIS AVENUE  
SANFORD FL 32771

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D, NAME: RUSSI, RONALD L., STREET ADDRESS: 2626 IROQUOIS AVENUE, CITY-ST-ZIP: SANFORD FL  
12.2 TITLE: D, NAME: RUSSI, JOSEPH FRANCIS, STREET ADDRESS: 2626 IROQUOIS AVENUE, CITY-ST-ZIP: SANFORD FL  
12.3 TITLE: [DELETED]  
12.4 TITLE: [DELETED]  
12.5 TITLE: [DELETED]

13.1.1 TITLE: [Change] [Addition]  
13.1.2 NAME  
13.1.3 STREET ADDRESS  
13.1.4 CITY-ST-ZIP  
13.2.1 TITLE: [Change] [Addition]  
13.2.2 NAME  
13.2.3 STREET ADDRESS  
13.2.4 CITY-ST-ZIP  
13.3.1 TITLE: [Change] [Addition]  
13.3.2 NAME  
13.3.3 STREET ADDRESS  
13.3.4 CITY-ST-ZIP  
13.4.1 TITLE: [Change] [Addition]  
13.4.2 NAME  
13.4.3 STREET ADDRESS  
13.4.4 CITY-ST-ZIP  
13.5.1 TITLE: [Change] [Addition]  
13.5.2 NAME  
13.5.3 STREET ADDRESS  
13.5.4 CITY-ST-ZIP  
13.6.1 TITLE: [Change] [Addition]  
13.6.2 NAME  
13.6.3 STREET ADDRESS  
13.6.4 CITY-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 changed, or on an attachment with an address.

SIGNATURE: [Signature] 1-7-97 407-322-2070  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)