

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L41842 (0)

1. Corporation Name
J B CAPITAL MANAGEMENT, INC.



Principal Place of Business: **% ROBERT J. PUCK, 9350 SOUTH DIXIE HIGHWAY, SUITE 900, MIAMI FL 33156**
Mailing Address: **% ROBERT J. PUCK, 9350 SOUTH DIXIE HIGHWAY, SUITE 900, MIAMI FL 33156**

3. Date Incorporated or Qualified 01/11/1990	3a. Date of Last Report 02/24/1995
4. FEI Number 65-0168656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent PUCK, ROBERT J. 9350 SOUTH DIXIE HIGHWAY, SUITE 900 MIAMI FL 33156	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
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11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: ST Name: PUCK, ROBERT J. Street Address: 9350 SOUTH DIXIE HY S900 City, St, Zip: MIAMI FL <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
Title: PD Name: BLANK, JEROME Street Address: 9350 SOUTH DIXIE HY S900 City, St, Zip: MIAMI FL <input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
Title: <input type="checkbox"/> DELETE Name: <input type="checkbox"/> DELETE Street Address: <input type="checkbox"/> DELETE City, St, Zip: <input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
Title: <input type="checkbox"/> DELETE Name: <input type="checkbox"/> DELETE Street Address: <input type="checkbox"/> DELETE City, St, Zip: <input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
Title: <input type="checkbox"/> DELETE Name: <input type="checkbox"/> DELETE Street Address: <input type="checkbox"/> DELETE City, St, Zip: <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
Title: <input type="checkbox"/> DELETE Name: <input type="checkbox"/> DELETE Street Address: <input type="checkbox"/> DELETE City, St, Zip: <input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated in this annual report or supplementary 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 Book 12 or Book 13, amended or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96
305-676-2272
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