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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90047 009 \*\*\*150.00

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L41842**

J B CAP	PITAL MANAGEMENT, INC							
Principal Plac	e of Business	Mailing Address					01811 31011 01011 <b>0</b>	1811 <b>(</b> 1881) 1881
% ROBERT J. PUCK % ROBERT J. PUCK 9350 SOUTH DIXIE HIGHWAY. SUITE 900 9350 SOUTH DIXIE HIGHWAY MIAMI FL 33156 MIAMI FL 33156			WAY. SUITE 900			T WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qu 01/11/1990	ıalifed		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		. Ap	plied For
21		26			65-0168656		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Des	ired 🗆	\$8.75 A	
22		City & State				·		
City & Stat		28		-	6. Election Campaign Fina Trust Fund Contribution	ncing	<b>\$5.00</b> Added to	
Zip	Country	Zip	Count	гу	8. This corporation owes the	ne current year In		□No
24	25	Decision of Asset	30		Personal Property Tax.  10. Name and Address of	Now Posistored		LINO
· ·	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of	Hem Kedistelen	Agent	
	CK, ROBERT J. D SOUTH DIXIE HIGHWAY, SUITE	900	8	2 Street Add	dress (P.O. Box Number is Not A	cceptable)		
	MI FL 33156		8	3		· Land	MET THE PARTY	
		7 · · · · · · · · · · · · · · · · · · ·	8	4 City			85 Zip C	ode
ac most from a	ra erus	and the second second		1 7		<u> </u>	_	
*** agent. I'a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mailiar with, and accept the obligations.	ons of, Section 607.0505, Flo	orida Statute	es.	•	4.		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered Ag	ent signature requir	red when reinstating)	DATE TO OFFICERS A	ND DIRECTO	
SIGNATURE  12.  TITLE					ADDITIONS/CHANGES		ND DIRECTO	
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14. I 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 angular 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 received 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 of the corporation of the co

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS