

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90003 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000055993

1. Corporation Name  
**JB-IFX INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 721 US HWY 1  
 SUITE 215  
 NO. PALM BEACH FL 33408  
 US

Mailing Address  
 P O BOX 14262  
 NO. PALM BEACH FL 33408  
 US

3. Date Incorporated or Qualified  
**07/27/1994**

4. FEI Number  
**65-0504685**

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **513 US HWY 1**

2a. Mailing Address  
 26 **P.O. Box 14714**

Suite, Apt. #, etc.  
 22 **SUITE # 220**

27 Suite, Apt. #, etc.

City & State  
 23 **No. Palm Beach FL**

28 **No. Palm Beach FL**

Zip Country  
 24 **33408** 25 **Palm Beach**

29 **33408** 30 **Palm Beach**

9. Name and Address of Current Registered Agent  
**BENEVIDES, JOHN M**  
**631 US HWY 1**  
**STE 301**  
**NO. PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
 81 Name **JOHN M. BENEVIDES**  
 82 Street Address (P.O. Box Number is Not Acceptable) **513 U.S HIGHWAY 1**  
 83 **SUITE # 220**  
 84 City **No. Palm Beach** FL 85 Zip Code **33408**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENEVIDES, JOHN M.</b>	1.2 NAME	
STREET ADDRESS	<b>904 IRONWOOD ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO. PALM BEACH FL 33408</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENEVIDES, KATHLEEN D</b>	2.2 NAME	
STREET ADDRESS	<b>904 IRONWOOD ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOPER, SCOTT D</b>	3.2 NAME	
STREET ADDRESS	<b>2105 GEORGIA AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)