

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V59318 (8)

1. Corporation Name
J.P.B. ENTERPRISES, INC.



Principal Place of Business: **C/O NICHOLAS H. HAGOORT, JR. 1901 S. CONGRESS AVE., SUITE 360 BOYNTON BEACH FL 33426**
Mailing Address: **C/O RICHARD A. MARTEL P O BOX 3418 AUBURN ME 04210 US**

3. Date Incorporated or Qualified: **08/21/1992** 3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-2293485** Applied For: Not Applicable:
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25.
2a. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAGOORT, NICHOLAS H., JR.
1901 S. CONGRESS AVE.
SUITE 360
BOYNTON BEACH FL 33426**

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____
85. Zip Code: **FL**

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

Signature: Typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **PT** DELETE
2. NAME: **BOLDUC, J.P.**
3. STREET ADDRESS: **3000 SOUTH OCEAN BLVD. APT. 1402**
4. CITY - ST - ZIP: **BOCA RATON FL 33432**
5. TITLE: **S** DELETE
6. NAME: **BOLDUC, EVELYN T.**
7. STREET ADDRESS: **3000 SOUTH OCEAN BLVD. APT. 1402**
8. CITY - ST - ZIP: **BOCA RATON FL 33432**
9. TITLE: DELETE
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY - ST - ZIP: _____
13. TITLE: DELETE
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY - ST - ZIP: _____
17. TITLE: DELETE
18. NAME: _____
19. STREET ADDRESS: _____
20. CITY - ST - ZIP: _____

1. 1. TITLE: Change Addition
2. 2. NAME: _____
3. 3. STREET ADDRESS: _____
4. 4. CITY - ST - ZIP: _____
5. 2. 1. TITLE: Change Addition
6. 2. 2. NAME: _____
7. 2. 3. STREET ADDRESS: _____
8. 2. 4. CITY - ST - ZIP: _____
9. 3. 1. TITLE: Change Addition
10. 3. 2. NAME: _____
11. 3. 3. STREET ADDRESS: _____
12. 3. 4. CITY - ST - ZIP: _____
13. 4. 1. TITLE: Change Addition
14. 4. 2. NAME: _____
15. 4. 3. STREET ADDRESS: _____
16. 4. 4. CITY - ST - ZIP: _____
17. 5. 1. TITLE: Change Addition
18. 5. 2. NAME: _____
19. 5. 3. STREET ADDRESS: _____
20. 5. 4. CITY - ST - ZIP: _____
21. 6. 1. TITLE: Change Addition
22. 6. 2. NAME: _____
23. 6. 3. STREET ADDRESS: _____
24. 6. 4. 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)(k), Florida Statutes. I further certify that the information indicated in 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-27-96**

Daytime Phone #

CR2E034 (12/95)