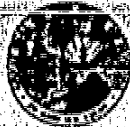


WARNING: ENTITY CORPORATION WILL BE DISQUALIFIED ON OR AFTER AUGUST 8, 1995
ANNUAL DUE ON OR BEFORE 6:00PM: 1225 (IF DISQUALIFIED, FURNISH ANNUAL DUE TO REINSTATE: 1275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L62196

(5)

1. Corporation Name

JRB MARKETING, INC.

FILED

95 JUL 25 AM 8:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

C/O JULIA REA BIANCHI
4621 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

Mailing Address

C/O JULIA REA BIANCHI
4621 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1990

3a. Date of Last Report

05/19/1994

4. FEI Number

65-0199914

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Exempt Corporation (must pay
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

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIANCHI, JULIA REA
4621 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

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 the 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
BIANCHI, JULIA REA
STREET ADDRESS
4621 FISHER ISLAND DRIVE
CITY ST ZIP
FISHER ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13.

ADDITIONAL INFORMATION: (If applicable, check Change or Addition)

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
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 110.07(3)(b), 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 this 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:

Julia Rea Bianchi

Julia Rea Bianchi

7/19/95

305-538-8296

(Signature and typed or printed name of signing officer or director)