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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

	J. G. HBERY, INC.					
Principal Place of Business		Mailing Address		1 (45)(1) 425; 12/31 13/43 19/6/ 14/6/ 14/	1 Biğit 4:444 #1841 B1814 A1844 B1614 1464	
1231 S.E. 8TH CT. DEERFIELD BCH. FL 33441 DEERFIELD BCH.			11-5872			
		_			 Date Incorporated or Qualified 03/06/1984 	3a. Date of Last Report 03/07/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26		59-2433718	Not Applicable	
Suite, Apt. # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Z(p)	Count	ry	This corporation has liability for	
24	25	29	30	•		Yes No
=.:1	g, Name and Address of Curren		1.5.5.1		10. Name and Address of New Re	gistered Agent
TIBE	RY, ANGELO J. G.		8	1 Name		
1231 S.E. 8TH CT.			8	2 Street Add	ress (P.O. Box Number is Not Acceptate	ole)
DEERFIELD BCH. FL 33441			6	3		
			8	4 City		FL 85 Zip Code
11, Pursuant to office or reagent Lar SIGNATURE	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	i2 and 607 1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	tes, the abo authorized orida Statut	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of changing its registered pt the appointment as registered
	Signature: type-d-or printed name of registered ago	at and title if adplicable (NOT	E: Registered A	gent signature requ	/ired when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.4 TITLI	:		L. Change L. Addition
NAME	TIBERY, ANGELO J.G.		1.2 NAM			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1	ET ADDRESS		
CITY - ST - ZIP				- ST-ZIP		Change Addition
THILE		L. DECEIE	21 TITL	İ		C Change C Addition
NAME		22 M				
STREET ADORESS				ET ADDRESS		
CITY-ST-ZIP TITLE			3 1 TITL	(-ST-ZIP		Change Addition
NAME			3.2 NAM			0.00.90
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZiP				r-ST-ZIP		ļ
TITLE		DELETE	4.1 TITL			Change Addition
NAME			4. 2 NA	4E		_
STREET ADDRESS			43 STR	ET ADDRESS		
CITY-ST-ZIP				- S1 - ZIP		
TITLE			5 1 TITL			Change Addition
NAME			5.2 NAN	E		
STREET ADDRESS			5.3 STRI	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- ST- ZIP		
TITLE	- W	☐ DELETE	6.1 TiTL			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			63 STRI	ET ADDRESS		•

14. I do 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 13 if changed, or on an attachment with an addissale.

FILED

Jan 21 1997 8:00am

Secretary of State