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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

Jab	ENTERPRISES, INC.				****				
Principal Place	of Business	Mailing Address				1 144199 (1118 4191) 48411 18414 (2111)			
123 N W 6TH ST 22769 HORSESHOE WAY FORT LAUDERDALE FL 33301 BOCA RATON FL 33428-5									
US						3. Date Incorporated or Qualified			
·	ace of Business	2a. Mailing Address	1			4. FEI Number 59-1235129			Applied For Not Applicable
21		26	Cuito hat H ata			39-1233129			Additional
Suite, Apt. :	#, etc.	h1	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
City & State	>	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in Florida Statutes Yes		x under \$	199.032,
24	9. Name and Address of Currer	29	30			10. Name and Address of New R		Agent	
	9, Name and Address of Curret	it negisteren waent		81	Name	19. Traile and Linesen & France		<u> </u>	
BRUNNER, WILHELM									
	IORSESHOE WAY			82	Street Addre	356 (C. DON HURBORI SON 19 866			
BOCA RATON FL 33433				83					
300				84	City		Bee T	85 Zi	p Code
				<u> </u>		ation submits this statement for the pur	FL		1 1 16
familiar wi	ith, and accept the obligations of, Sec Signature typed or printed having of registered agen		. ,	l Agent	t signatura required		DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PST DELETE BRUNNER, WILHELM			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			ι	Change	Addition
NAME									
STREET ADDRESS	22769 HORSESHOE WAY								
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	1.4 C	ITY-ST	1-219			Change	Addition
TITLE NAME			2 2 N						•
STREET AUDRESS					ADDRESS				
CITY-ST-ZIP			24C	(1Y-S	T-ZIP				
TITLE		DELETE		3 1 1 I T L E			. 1	Change	Addition
NAME			32 N			·			
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		☐ DELETE		HTLE	1-ZIP			Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP					61 - ZIP				
TITLE		DELETE	5 1					Change	☐ Addition
NAME		<u></u> -	_		- 1				
STREET ADDRESS			5.2 N	AME					
1					ADDRESS				
CITY-ST-ZIP			5.3 S 5.4 C	TREET	i address St-zip			F-1 0	P*** AJJOS
CITY-ST-ZIP TITLE		☐ DELETE	5.3 S 5.4 C 6 1	TREET	1			Change	Addition

63 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

R PRINTED AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: William SIGNATURE AND TYPED

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 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. 4-25-96 Date

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