SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **547545** **(4)**

1. Corporation Name
JUBE, INC.

Principal Place of Business	Mailing Address
4360 LAKE WORTH RD LAKE WORTH FL 33461	4360 LAKE WORTH RD LAKE WORTH FL 33461

3. Date Incorporated or Qualified: 09/26/1977
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-1766005 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BEGOR, WILLIAM M.
4360 LAKE WORTH ROAD
LAKE WORTH FL

10. Name and Address of New Registered Agent

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 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 title, if applicable) (Note: Registered Agent signature required if filing this form.) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	BUCHAN, JUDITH A		1.2 NAME	Lawrence L. Buchan	
STREET ADDRESS	13904 GERANIUM PL		1.3 STREET ADDRESS	13904 Geranium Place	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	Wellington, Fl. 33414	
TITLE	T	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	BUCHAN, LAWRENCE L		2.2 NAME	Betty H. Begor	
STREET ADDRESS	13904 GERANIUM PL		2.3 STREET ADDRESS	5397 Sandhurst Cir. N.	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	Lake Worth, Fl. 33463	
TITLE		☐ DELETE	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME			3.2 NAME	Judith B. Buchan	
STREET ADDRESS			3.3 STREET ADDRESS	13904 Geranium Place	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Wellington, Fl. 33414	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith B. Buchan JUDITH B. BUCHAN 7/15/96 561-965-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)