


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 572657 (5)
 1. Corporation Name
J.B. ENTERPRISES OF FORT LAUDERDALE, INC.



Principal Place of Business 2101 NORTH ANDREWS AVENUE SUITE 200 FT LAUDERDALE FL 33311 US	Mailing Address 2101 NORTH ANDREWS AVENUE SUITE 200 FT LAUDERDALE FL 33311 US
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2. Principal Place of Business 21 600 NORTHEAST 3RD AVENUE Suite, Apt. #, etc. 22 City & State 23 FT LAUDERDALE, FL Zip Country 24 33304 25 USA	2a. Mailing Address 26 600 NORTHEAST 3RD AVENUE Suite, Apt. #, etc. 27 City & State 28 FT LAUDERDALE, FL Zip Country 29 33304 30 USA
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3. Date Incorporated or Qualified 05/30/1978	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2217578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BIRR, JAMES O JR. 2101 NORTH ANDREWS AVENUE SUITE 200 FORT LAUDERDALE FL 33311	10. Name and Address of New Registered Agent 81 Name BIRR, JAMES O JR. 82 Street Address (Do Not Include P.O. Box or Post Office) 600 NORTHEAST 3RD AVENUE 83 84 City FORT LAUDERDALE FL 85 Zip Code 33304
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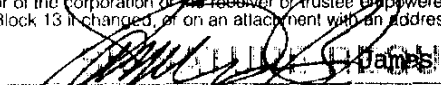
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **James O. Birr, Jr., Registered Agent** DATE **4/9/97**
Signature types in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> DELETE NAME BIRR, JAMES O JR STREET ADDRESS 2101 N ANDREWS AVENUE SUITE 200 CITY-ST-ZIP FORT LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME BIRR, JAMES O JR 1.3 STREET ADDRESS 600 NORTHEAST 3RD AVENUE 1.4 CITY-ST-ZIP FORT LAUDERDALE FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 its 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:  **James O. Birr, Jr., President** DATE **4/9/97** (954) 524-0076
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)