## 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 # 697138

(6)

FILED
May 06 1997 8:00am
Secretary of State

JBF NO. 1, INC.  Principal Place of Business Mailing Address  401 FERGUSON DRIVE PO BOX 568492 ORLANDO FL 32805-1009 ORLANDO FL 32856-8492 US																
			`	00						Date Incorp 08/03/198	orated or Qu	alified		te of Las 13/1996		ort
2. Principa! P	lace of Busin	iess	2	a. Mailing	Address					FEI Number			1	<del></del>		ied For
<u> </u>			26							<del>59-2170</del>	977	., ····	······································			Applicable
្ត Suite, Apt រៀ	#, etc		27	7	Apt. #, etc.				5.	Certificate o	f Status Desi	red			5 Add Regu	ditional Jired
City & Stati	(:			City &	State	<del></del> -	· ······	<del></del>	6.	Election Car	mpaign Finar	ncina			·····	ay Be
3			28	в						Trust Fund					ed to	
Zip		Country		Zıp		<b></b>	Country				ation has liab				rs. 1	99.032,
<u> </u>	o Nama	25	20			30				Florida State				No		
		and Address of	current Het	JISTOFOCI A	Baur		81	Name	10.	Name and	Address of I	Aem Hed	istered A	Agent		
	UA, JEFFR															
	Ferguso: Ando FL :						82	Street Add	dress (P.	.O. Box Nun	ber is Not A	cceptable	e)			
Onu	MINDO FE .	2000					83						·			
														(=1 7		
							84	City					FL	85 Z	ip Co	de
	egistered aç mı familiar w	ions of Sections 6 jent, or both, in the ith, and accept the	State of Flo obligations	orida. Such orida. Such of, Section	3, Florida Stati h change was on 607.0505, F	utes, the s authori Florida S	e above ized by Statutes	e-named co the corpor s.	ation's b	oard of direc	otors. I hereb	y accept	the appo	ointment	as re	giatoroa
SIGNATURE.	Styr al.go, typed	or printed name of regis		tille if applicat	ole. (NC		tered Age	e-named co the corpor 3.	uired when	reinstating)	CHANGES TO		DATE	DIRECT	ORS	IN 12
SIGNATURE.	Styrature, typec	or period nation of legis OFFICE	fured agent and	tille if applicat		OTE Regist	tered Age		uired when	reinstating)			DATE		ORS	IN 12
EIGNATURE 2. HLE AME	DPST FUQUA,	OFFICE	fured agent and	tille if applicat	ole. (NC	OTE Regist	tered Age  3. 1 TITLE 2 NAME	art signature req	uired when	reinstating)			DATE	DIRECT	ORS	IN 12
SIGNATURE.  2.  ITLE  AME  AME  AME  AME  AME  AME  AME  A	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	ole. (NC	OTE: Regist 1.	3. 1 TITLE 2 NAME 3 STREET	ADDRESS	uired when	reinstating)			DATE	DIRECT	ORS	IN 12
SIGNATURE.  12.  ITLE  VAME  STREET ADDRESS  CRYST-ZIP	DPST FUQUA, 401 FER	OFFICE	ored agent and	tille if applicat	ole. (NC	OTE: Regist  1: 1. 1. 1. 1. 1. 1. 1. 1.	3. 1 TITLE 2 NAME 3 STREET 4 CITY-S	ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS je	IN 12
SIGNATURE,  12.  HILE VAM: STREET ADDRESS COLY-S1-ZIP	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	ole. (NC	OTE Regist  1. 1. 1. 1. 2.	3. 1 TITLE 2 NAME 3 STREET	ADDRESS	uired when	reinstating)			DATE	DIRECT	ORS je	
SIGNATURE.  12.  HILE  VAM: SIMEEL ADDRESS  COLUMN ST. 21P  HILE  NAME	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	ole. (NC	OTE: Regist 1. 1. 1. 1. 2. 2. 2.	3. 1 TITLE 2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME	ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS je	IN 12
SIGNATURE.  2. THE SHEEL ADDRESS SHY ST-ZIP THE IAME	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	ole. (NC	OTE Registron 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2.	3. 1 TITLE 2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME	ADDRESS T-ZIP ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS je	IN 12
SIGNATURE.  2. THE SHREL ADDRESS SHY SI ZIP THE NAME SHREL ADDRESS	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	ole. (NC	OTE Registron 1. 1. 1. 1. 1. 2. 2. 2. 2. 2.	3. 1 TITLE 2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME 3 STREET	ADDRESS T-ZIP ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS je	IN 12 Additio
SIGNATURE  2. THE  AME  SHEEL ADDRESS  SHY, ST-ZIP  HEE  IAME  SHEEL ADDRESS  SHY-ST-ZIP  HEE	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE DELETE	OTE: Regist  1. 1. 1. 1. 2. 2. 2. 2. 3.	THE AGE  THE	ADDRESS T-ZIP ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS je	IN 12 Additio
SIGNATURE.  2. THE SIMPLE ADDRESS SILY ST. ZIP	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE DELETE	OTE Regist  1: 1. 1. 1. 1. 2. 2. 2. 2. 3. 3.	3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 2 NAME	ADDRESS T-ZIP ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS je	IN 12 Additio
SIGNATURE.  2. THE SIMPLE ADDRESS SILY ST. ZIP SIMPLE ADDRESS SILY ST. ZIP	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1: 1. 1. 1. 1. 2. 2. 2. 3. 3. 3. 3.	3. 1 TITLE 2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME 3 STREET 4 CITY - S 4 CITY - S	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS 198	IN 12 Additio
SIGNATURE.  2.  THE  AME  SHEEL ADDRESS SHY-ST-ZIP  THE  SAME  SHEEL ADDRESS SHY-ST-ZIP  THE  JAME  SHEEL ADDRESS SHY-ST-ZIP  THE  JAME  SHEEL ADDRESS SHY-ST-ZIP  THE  JAME	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 3. 3. 3. 4.	TOTALE  TOTALE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS 198	IN 12 Additio
SIGNATURE.  2.  THE  AME  THE  THE  THE  THE  THE  THE  THE  T	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 3. 3. 3. 4. 4.	TOTALE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	uired when	reinstating)			DATE	DIRECT Chang	ORS 198	IN 12 Additio
SIGNATURE.  2.  THE  AME  THE ADDRESS  THY STEVE  THE  THE ADDRESS  THY STEVE  THE  THE  THE  THE  THE  THE  THE	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 3. 3. 3. 4. 4.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS 198	IN 12 Additio
SIGNATURE.  2.  OTHER  AME  AREL ADDRESS  OY ST-ZIP  OTHER  AME  TREET ADDRESS  OTY ST-ZIP  OTHER  AME  THER LADDRESS  OTY ST-ZIP  OTHER  THER LADDRESS  OTY ST-ZIP  OTHER  THER LADDRESS  OTY ST-ZIP  OTHER  THER LADDRESS  OTHER  THER LADDRESS  OTHER  OTHER  THER LADDRESS  OTHER  OTH	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 3. 3. 3. 4. 4. 4.	TOTALE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS Be	IN 12 Additio
SIGNATURE.  2.  OTHER  AME  INTEL ADDRESS  OTY-ST-ZIP  OTHER	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S 5 STREET 4 CITY-S 5 STREET	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS Be	IN 12 Additio
SIGNATURE.  12.  THE  AME  SIMPEL ADDRESS  SIEVESTE ZIP  THE  THE  THE  THE  THE  THE  THE  TH	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5. 5.	3 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS Be	IN 12 Additio
CONTROL OF	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5. 5. 5.	3 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS Be	IN 12 Additio
SIGNATURE.  12.  HILE  VAME  SIMPEL ADDRESS  CHY-SI-ZIP  HILE  NAME  SIMPEL ADDRESS  CHY-SI-ZIP  HILE  VAME  SIMPEL ADDRESS  CHY-SI-ZIP  CHY-SI-ZIP	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5. 5. 5.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Chang	ORS 18 19e	IN 12
SIGNATURE  12.  HILE  VAM:  SIRFELADDRESS  CHY-SI-ZIP  HILE  NAME  SIRFELADDRESS  CHY-SI-ZIP	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5. 5. 6.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Change Change	ORS 18 19e	IN 12 Addition Addition Addition Addition Addition
Office of raggert Lassing Nature.  12.  Hite NAME STREET ADDRESS CHY-ST-ZIP HITE NAME STREET ADDRESS	DPST FUQUA, 401 FER	OFFICE  JEFFRY B  JUSON DRIVE	ored agent and	tille if applicat	DELETE  DELETE  DELETE	OTE Regist  1. 1. 1. 1. 1. 2. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5. 5. 6. 6.	1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 4 CITY-S 2 NAME 4 CITY-S	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when	reinstating)			DATE	DIRECT Change Change	ORS 18 19e	IN 12 Additio Additio Additio

• I do hereby certify that the information supplied with this filing does not quality 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 eath; the lam an officer or director of the corporation of 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 changes for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

407/293-6562