

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765593

(9)

1. Corporation Name

J.R.B.W., INC.

Principal Place of Business

POB 2682
3241 DOMINICA TERR
STUART FL 34995

Mailing Address

POB 2682
3241 DOMINICA TERR
STUART FL 34995



3. Date Incorporated or Qualified
10/28/1982

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, GALAN M
3241 DOMINICA TERR
STUART FL 33495

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, GALAN M.	
STREET ADDRESS	3241 DOMINICA TERR	
CITY - ST - ZIP	STUART, FL 00000	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	ZILLY, ROBERT V.	
STREET ADDRESS	3243 S.E. DOMINICA TERR.	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, GLORIA J.	
STREET ADDRESS	5596 EVANS DR.	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZILLY, JOYCE H.	
STREET ADDRESS	3243 S.E. DOMINICA TERR.	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, DARREN	
STREET ADDRESS	5596 EVANS DR.	
CITY - ST - ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TS
2.3 STREET ADDRESS	DION, RICHARD
2.4 CITY - ST - ZIP	3243 S.E. DOMINICA TERR.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STUART, FL 34957
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	DION, VIRGINIA
4.4 CITY - ST - ZIP	3243 S.E. DOMINICA TERR.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STUART, FL 34957
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Galan M. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

(407) 287-6925

CR2E037 (12/95)