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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F04538

(7)

1. Corporation Name
J B S LEASING, INC.



Principal Place of Business
12600 LAKE ROAD
DAVIE FL 33325

Mailing Address
12600 LAKE ROAD
DAVIE FL 33325-4415

3. Date Incorporated or Qualified 11/06/1980	3a. Date of Last Report 02/15/1996
4. FEI Number 59-2041341	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

JACKSON, ROBERT F.
12600 LAKE ROAD
DAVIE FL 33325

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	SEC. TREAS
NAME	SHISKIN, JAMES P	1.2 NAME	SHISKIN, JAMES P.
STREET ADDRESS	7015 GREENTREE LANE	1.3 STREET ADDRESS	1407 S.E. GLENCOE CT.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	PT. ST. LUCIE, FLA 34952
TITLE	P	2.1 TITLE	
NAME	JACKSON, ROBERT F.	2.2 NAME	
STREET ADDRESS	12600 LAKE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	V. PRES
NAME	BURNS, DONALD	3.2 NAME	BURNS, DONALD
STREET ADDRESS	7817 KISMET STREET	3.3 STREET ADDRESS	4940 SW 34 PL
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	OCALA, FL 34474
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07

Date

Daytime Phone #

254
305-437-7010

0285313

CR2E034 (9/96)