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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F77379 1. Corporation Name

J B SHO	E CORPORATION								
Principal Place	of Business	Mailing Address				- I INTELLOR EILE INTELLEMENT INTELLEMENT INTELLEMENT		8 181) 916	
% JAMES B BURNHAM. JR % JAMES B BURNHAM. JR 3604 - 45TH ST., E. 3604 - 45TH ST., E. BRADENTON FL 34208 BRADENTON FL 34208 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						04/19/1982		<u> </u>	
2. Principal Pl	lace of Business	2a. Mailing Address	–			4. FEI Number	Applied For		
21		26				59-2184798	59-2184798 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State			-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 Zip	Country	Zip	Cc	untry		8. This corporation owes the current year Ir	tangible		
24	25	29	30	•		Personal Property Tax.	ŬYe		∃No
	9. Name and Address of Current	11	1001		****	10. Name and Address of New Registered	Agent		
				81	Name				
**	ES B. BURNHAM			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	i 45th St e Denton fl 34208			83	:				
DRMI	DENTON FL 34200			63					
				84	City	ration submits this statement for the purpose of the head of directors. I become account the annual of directors are the second to the second t		Zip Co	
agent. I a	m familiar with, and accept the obligat	and title if applicable. (NOTE	nga Su	atutes	nt signature required				
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS A	ND DIR		Addition
TITLE	Oi .			TITLE			LJO	lalige	[_] Addition
NAME	BOTTA IAIN, OAMEO O, OT			NAME					
STREET ADDRESS	3604-45TH ST.,E.		1.3 STREET ADDRESS						\
CITY-ST-ZIP	DIVIDENTION				T-ZIP	<u> </u>	Cici	nange	Addition
TITLE				TITLE NAME					
NAME					TADORESS				1
STREET ADDRESS			•	CITY-S					
CITY-ST-ZIP				TITLE	31-4JF		Ct	nange	Addition
NAME		_ :-	3.2	NAME					
STREET ADDRESS					T ADDRESS	•			
CITY-ST-ZIP				CITY-S					
TITLE		☐ DELETE	_	TITLE				nange	Addition
NAME			4.2	NAME					ĺ
STREET ADDRESS			4.3	STREE	T ADDRESS				,
CITY-ST-ZIP			4.4	CITY-S	iT-ZIP				
TITLE		☐ DELETE	5.1	TITLE				hange	☐ Addition
NAME				NAME		•			Ì
STREET ADDRESS					TADORESS				l
CITY-ST-ZIP				CITY-S	ST-ZIP				□ 6 3 3 3 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5
TITLE		☐ DELETE		TITLE			ЦC	hange	☐ Addition
NAME	1		6.2	NAME					

CITY-ST-ZIP *** 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90009 035 ***150.00