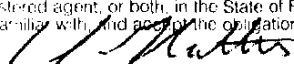
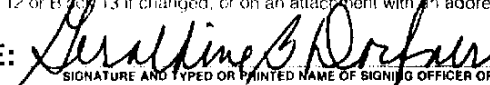


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # 1. Corporation Name J.B.Q., INC		F78751	
Principal Place of Business 2455 E. Sunrise Blvd. Penthouse North Ft. Lauderdale, FL 33304		Mailing Address	
2. Principal Place of Business 21 2455 E. Sunrise Blvd Suite, Apt. #, etc. 22 Penthouse North City & State 23 Ft. Lauderdale, FL Zip 24 33304		2a. Mailing Address 25 2455 E. Sunrise Blvd Suite, Apt. #, etc. 27 Penthouse No. City & State 28 Ft. Lauderdale, FL Zip 29 33304 Country 30 USA	
3. Date Incorporated or Qualified 5/4/92		3a. Date of Last Report	
4. FEI Number 592188102		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent Eric S. Gletter 1499 W. Palmetto Park Rd., Suite 300 Boca Raton, FL 33486		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: 		DATE: 4/4/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP 39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY-ST-ZIP 43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY-ST-ZIP 47 TITLE 48 NAME 49 STREET ADDRESS 50 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 stated 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		900002152629 -04/23/97--01100--018 ***165.00	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GERALDINE B. DORFNER		4/4/97 954-746-2990 Date Daytime Phone #	

CR2E034 (9/96)