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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # F78751



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90064 012 ***150.00

1. Corporation	n Name						
JBQ, INC.							
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n i i in		Mailing Address				TE BIBLI BIBLI AIBU A	1011 G(B() 1001
Principal Place		Mailing Address					
2455 E. SUNRISE BLVD. PENTHOUSE NORTH 2455 E. SUNRISE BLVD. PENTHOUSE NORTH							
PENTHOUSE NORTH FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304			4		DO NOT WRITE IN THIS SPACE		
1					3. Date Incorporated or Qualifed		
,					05/04/1982		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Apr	plied For
26					59-2188102	No	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	additional
22	7, 500.	27			5. Certificate of Status Desired Fee Required		
City & Stat	<u> </u>	City & State			6. Election Campaign Financing 55.00 May Be		
23	, , 4 - 4	28		Trust Fund Contribution Added to Fees			
Zip .	Country	Zip Country			8. This corporation owes the current year Intangible		
24	25 29 30		30	-			□No
24) (9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registere	ed Agent	
				81 Name	I BD 6		,
GLATTER, ERIC S GER					HLdine U. VOR	+ner	
1499 W. PALMETTO PARK ROAD				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	# 10	/
OLUMN AGA				83	$\frac{\sqrt{1 \cdot \omega \cdot \alpha \cdot \gamma}}{\sqrt{1 \cdot \omega \cdot \gamma}}$		
BOCA RATON FL 33486					9:204		
				84 City	7 (A F	85 Zip C	Code
	207.050	0 1 007 4500 FL 1		SUNR	oration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized	by the corporation	on's board of directors. I hereby accept the ap	pointment as rec	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fl	orida Statu	ites.	3/	ha	}
SIGNATURE		· DORTHER	See	alden	d chen rainstand) DATE	<u> 2199</u>	\
	Signature, typed of printed name of registered ager	ID DIRECTORS	E: Registered	Agent signature require	ADDITIONS CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12. ;	PSD	DELETE	1.1 TO	1F	ADDITIONO/OFFICE TO OFFICE TO	Change	☐ Addition
TITLE	DORFNER, GERALDINE		1.2 NA				_
NAME							Į
STREET ADDRESS	2455 E. SUNRISE BLVD.			REET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33304			Y-ST-ZIP		[T] Change	Addition
TITLE	€"I DELETE		2.1 TF			C 0.101.90	
NAME	•		2.2 NA				
STREET ADDRESS			2.3 ST	REET ADDRESS			ļ
CITY-ST-ZIP				TY-ST-ZIP			[A.J.)
TITLE 1 1		☐ DELETE	· 3.1 TII	1E ·	•	Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS	•		3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. C	TY-ST-ZIP			
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NAME			5.2 N	ME			
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CITY-ST-ZIP			5.4 CI	ry-ST-ZIP		_	
TITLE	 	☐ DELETE	6.1 Tí	TLE		☐ Change	Addition
NAME			6.2 N/	MĖ			
				REET ADDRESS		,	
STREET ADDRESS					•		
CITY-ST-ZIP 14 · ✓	BRADE ALC		0.4 CI	TY-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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/98 954-746-3990 Date Daytime Phone #