

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

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90035 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001438**

1. Corporation Name

JB OXFORD & COMPANY, INC.



Principal Place of Business ONE BRICKELL SQ. 801 BRICKELL AVE. MIAMI FL 33131	Mailing Address ONE BRICKELL SQ. 801 BRICKELL AVE. MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/20/1996	
		4. FEI Number 87-0399558		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WHITE, RICHARD ONE BRICKELL SQ. 801 BRICKELL AVE. MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name C.J. BAROVICH 82 Street Address (P.O. Box Number is Not Acceptable) Same 83 84 City Same FL 85 Zip Code	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	CPD
NAME	RUBENSTEIN, STEPHEN	1.2 NAME	ALBERT R. LAUBENSTEIN
STREET ADDRESS	9665 WILSHIRE BLVD, 3RD FL.	1.3 STREET ADDRESS	9665 WILSHIRE BLVD., 3RD FL.
CITY-ST-ZIP	BEVERLY HILLS CA 90212	1.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	AS	2.1 TITLE	S
NAME	MONSON, SCOTT G	2.2 NAME	SCOTT G. MONSON
STREET ADDRESS	9665 WILSHIRE BLVD, 3RD FL.	2.3 STREET ADDRESS	9665 WILSHIRE BLVD., 3RD FL.
CITY-ST-ZIP	BEVERLY HILLS CA 90212	2.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	DT	3.1 TITLE	
NAME	CHIDO, MICHAEL	3.2 NAME	
STREET ADDRESS	9665 WILSHIRE BLVD., 3RD FL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90212	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	DV
NAME	LAUBENSTEIN, AL	4.2 NAME	RONALD ROBERTS
STREET ADDRESS	9665 WILSHIRE BLVD., 3RD FL.	4.3 STREET ADDRESS	9665 WILSHIRE BLVD., 3RD FL.
CITY-ST-ZIP	BEVERLY HILLS CA 90212	4.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	S	5.1 TITLE	D
NAME	RILEY, ROBERT	5.2 NAME	CHRISTOPHER L. JARRATT
STREET ADDRESS	9665 WILSHIRE BLVD., 3RD FL.	5.3 STREET ADDRESS	9665 WILSHIRE BLVD., 3RD. FL.
CITY-ST-ZIP	BEVERLY HILLS CA 90212	5.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	V	6.1 TITLE	D
NAME	KOTT, IAN	6.2 NAME	JAMES G. LEWIS
STREET ADDRESS	9665 WILSHIRE BLVD 3RD FLOOR	6.3 STREET ADDRESS	9665 WILSHIRE BLVD., 3RD FL.
CITY-ST-ZIP	BEVERLY HILLS FL 90212	6.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90212

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

Date

Daytime Phone #

2-25-99 (310) 585-2421

CR2E034 (1/98)