

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

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Apr 17 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # G19930 (8)

1. Corporation Name
J & B MANAGEMENT COMPANY OF THE PALM BEACHES, INC.



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| Principal Place of Business 3001 S. MILITARY TRAIL LAKE WORTH FL 33489 | Mailing Address 300 NW 82ND AVE 412 PLANTATION FL 33324-1845 US |
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|--|--|--|--|-----------------------------|-------------------------------|
| 2. Principal Place of Business 21 6697 S. MILITARY TR Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH FL Zip 24 33463 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | 3. Date Incorporated or Qualified 01/24/1983 | 3a. Date of Last Report 04/18/1996 | 4. FEI Number 59-2417366 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent ANDREW L. SIEGEL 300 NW 82ND AVE SUITE 412 PLANTATION FL 33324 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | PROSEN, JAMES D. | 1.1 TITLE | |
| NAME | 12386 W HALL PLACE | 1.2 NAME | |
| STREET ADDRESS | WELLINGTON FL | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | |
| NAME | CORNELL, MARY | 2.2 NAME | |
| STREET ADDRESS | 720 PROFFITT HILL DR | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | COOKEVILLE TN | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| 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 if changed, or on an attachment with an address.

SIGNATURE: James Prosen JAMES PROSEN 4-10-97 954-942-3312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0263270

CR2E034 (9/96)