PROFIT CORPORATION ANNUAL REPORT

2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90217 013 ***150.00

DOCUMENT # G39296

Corporation Name

J.B. ENTERPRISES INTERNATIONAL, INC.

[redacted]

Principal Place of Business	Mailing Address
1 NW 15TH ST.) BOX 605115, MARGATE, FL 33063 RGATE FL 33063	5301 NW 15TH ST. P O BOX 605115, MARGATE, FL 33063 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1983

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2296370 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENDIK, HELENE
2209 NW 7 AVENUE
WILTON MANORS FL 33311

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

1. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
AME	BENDIK, JOHANN		1.2 NAME		
TREET ADDRESS	2209 NW 7 AVENUE		1.3 STREET ADDRESS		
ITY-ST-ZIP	WILTON MANORS FL		1.4 CITY-ST-ZIP		
TLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
AME	BENDIK, HELENE		2.2 NAME		
TREET ADDRESS	2209 NW 7 AVENUE		2.3 STREET ADDRESS		
ITY-ST-ZIP	WILTON MANORS FL		2.4 CITY-ST-ZIP		
TLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
AME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
ITY-ST-ZIP			3.4 CITY-ST-ZIP		
TLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
AME			4.2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
ITY-ST-ZIP			4.4 CITY-ST-ZIP		
TLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
AME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
ITY-ST-ZIP			5.4 CITY-ST-ZIP		
TLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
AME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
ITY-ST-ZIP			6.4 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 added in an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BENDIK 4/10/01 954-972-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #