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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G49486** **(5)**

1. Corporation Name
JDB PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O JAMERSON, SUTTON & SURLAS, P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134 US	C/O JAMERSON, SUTTON & SURLAS, P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134-5832 US

3. Date Incorporated or Qualified: 07/13/1983
3a. Date of Last Report: 09/23/1996

2. Principal Place of Business: 21 %Jamerson Sutton Surlas & Mullin LLP
Suite, Apt. #, etc.: 22 2655 Le Jeune Rd., PH-2
City & State: 23 Coral Gables, FL
Zip: 24 33134 Country: 25 USA

2a. Mailing Address: 26 %Jamerson Sutton Surlas & Mullin LLP
Suite, Apt. #, etc.: 27 2655 Le Jeune Rd., PH-2
City & State: 28 Coral Gables, FL
Zip: 29 33134 Country: 30 USA

4. FEI Number: 59-2390352 ☐ 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**

JAMERSON, ROBERT L JR.
2655 LE JEUNE RD.
PENTHOUSE II
CORAL GABLES FL 33134

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
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		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG, DAVID D.		1.2 NAME		
STREET ADDRESS	2655 LE JEUNE RD. PH II		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 0		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG, ADELAIDA		2.2 NAME		
STREET ADDRESS	2655 LW JEUNE RD PH II		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG,RENE		3.2 NAME		
STREET ADDRESS	2655 LE JEUNE RD PH II		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG,ELKE		4.2 NAME		
STREET ADDRESS	2655 LE JEUNE RD PH II		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG,TANYA		5.2 NAME		
STREET ADDRESS	2655 LE JEUNE RD PH II		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 4/7/97 (305) 371-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #