

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 JAN 24 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K24877** (8)

1. Corporation Name  
**JBC ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**C/O JOHN B. CIPRIANO**      **C/O JOHN B. CIPRIANO**  
**1505 S OCEAN BLVD APT L3**      **1505 S OCEAN BLVD APT L3**  
**BOCA RATON FL 33432**      **BOCA RATON FL 33432**  
**US**      **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/25/1988**      **04/12/1994**

4. FEI Number      Applied For  
**65-0051796**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent

**CIPRIANO, GEORGE E.**  
**7211 N.W. 76TH STREET**  
**TAMARAC FL 33321**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CIPRIANO, JOHN B
STREET ADDRESS	1505 S OCEAN BLVD L-3
CITY- ST- ZIP	BOCA RATON FL
TITLE	VD
NAME	CIPRIANO, GEORGE E
STREET ADDRESS	7211 NW 76TH ST
CITY- ST- ZIP	TAMARAC FL
TITLE	SD
NAME	BLACK, CARLA A
STREET ADDRESS	727 ST A;BAMS DR
CITY- ST- ZIP	BOCA RATON FL
TITLE	TD
NAME	HOWELL, JEAN B
STREET ADDRESS	1505 S OCEAN BLVD L-3
CITY- ST- ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>400001391484</b>
2.4 CITY- ST- ZIP	<b>-01/27/95--01064--010</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>727 ST. ALBANS DR.</b>
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with or without.

SIGNATURE: JEAN B. HOWELL      Jean B. Howell      01-12-95      (305) 480-4260