

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
**C/O JOHN B. CIPRIANO
1505 S OCEAN BLVD APT L3
BOCA RATON FL 33432
US**

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

DO NOT WRITE IN THIS SPACE.

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

4. FEI Number **65-0051796** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **400001391484**
2.4 CITY- ST- ZIP **-01/27/95--01064--010**
*****200.00 ***200.00**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **727 ST. ALBANS DR.**
3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS **1/24/95 JBC**
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

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date