

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **05/25/1988**  
3a. Date of Last Report: **01/24/1995**  
4. FEI Number: **65-0051796**  
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: **7211 NW 76th Street, Tamarac, FL 33321, BROWARD**  
2a. Mailing Address: **7211 NW 76 Street, Tamarac, FL 33321, BROWARD**

9. Name and Address of Current Registered Agent: **CIPRIANO, GEORGE E., 7211 N.W. 78TH STREET, TAMARAC FL 33321**  
10. Name and Address of New Registered Agent: **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 607.05, Florida Statutes.

SIGNATURE: **Same** (Signature of Registered Agent required when not "Same")

12. OFFICERS AND DIRECTORS

11 TITLE: <b>PD</b>	12 NAME: <b>CIPRIANO, JOHN B</b>	13 STREET ADDRESS: <b>1505 S OCEAN BLVD L-3</b>	14 CITY-ST-ZIP: <b>BOCA RATON FL</b>	<input type="checkbox"/> DELETE
11 TITLE: <b>VD</b>	12 NAME: <b>CIPRIANO, GEORGE E</b>	13 STREET ADDRESS: <b>7211 NW 78TH ST</b>	14 CITY-ST-ZIP: <b>TAMARAC FL</b>	<input type="checkbox"/> DELETE
11 TITLE: <b>SD</b>	12 NAME: <b>BLACK, CARLA A</b>	13 STREET ADDRESS: <b>727 ST ALBANS DR</b>	14 CITY-ST-ZIP: <b>BOCA RATON FL</b>	<input type="checkbox"/> DELETE
11 TITLE: <b>TD</b>	12 NAME: <b>HOWELL, JEAN B</b>	13 STREET ADDRESS: <b>1505 S OCEAN BLVD L-3</b>	14 CITY-ST-ZIP: <b>BOCA RATON FL</b>	<input type="checkbox"/> DELETE
11 TITLE: <input type="checkbox"/> DELETE	12 NAME: <input type="checkbox"/> DELETE	13 STREET ADDRESS: <input type="checkbox"/> DELETE	14 CITY-ST-ZIP: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: <b>PD</b>	12 NAME: <b>GEORGE E. CIPRIANO</b>	13 STREET ADDRESS: <b>7211 NW 76 Street</b>	14 CITY-ST-ZIP: <b>Tamarac, FL 33321</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE: <b>VD</b>	12 NAME: <b>JOHN B. CIPRIANO</b>	13 STREET ADDRESS: <b>1505 S. Ocean Blvd., L-3</b>	14 CITY-ST-ZIP: <b>Boca Raton, FL 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE: <b>SAME</b>	12 NAME: <b>SAME</b>	13 STREET ADDRESS: <b>SAME</b>	14 CITY-ST-ZIP: <b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE: <input type="checkbox"/> DELETE	12 NAME: <input type="checkbox"/> DELETE	13 STREET ADDRESS: <input type="checkbox"/> DELETE	14 CITY-ST-ZIP: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE: <input type="checkbox"/> DELETE	12 NAME: <input type="checkbox"/> DELETE	13 STREET ADDRESS: <input type="checkbox"/> DELETE	14 CITY-ST-ZIP: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Jean B. Howell*  
JEAN B. HOWELL, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jean B. Howell, Treasurer-Director**

01/16/96

CR2E034 (12/95)