

**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: 21 | 7211 NW 76th Street, State, Apt. #, etc.: 22 |  
City & State: 23 | Tamarac, FL, Zip: 24 | 33321, Country: 25 | BROWARD  
2a. Mailing Address: 26 | 7211 NW 76 Street, State, Apt. #, etc.: 27 |  
City & State: 28 | Tamarac, FL, Zip: 29 | 33321, Country: 30 | 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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

11 TITLE	PD	<input type="checkbox"/> DELETE
12 NAME	CIPRIANO, JOHN B	
13 STREET ADDRESS	1505 S OCEAN BLVD L-3	
14 CITY-STATE-ZIP	BOCA RATON FL	
21 TITLE	VD	<input type="checkbox"/> DELETE
22 NAME	CIPRIANO, GEORGE E	
23 STREET ADDRESS	7211 NW 78TH ST	
24 CITY-STATE-ZIP	TAMARAC FL	
31 TITLE	SD	<input type="checkbox"/> DELETE
32 NAME	BLACK, CARLA A	
33 STREET ADDRESS	727 ST ALBANS DR	
34 CITY-STATE-ZIP	BOCA RATON FL	
41 TITLE	TD	<input type="checkbox"/> DELETE
42 NAME	HOWELL, JEAN B	
43 STREET ADDRESS	1505 S OCEAN BLVD L-3	
44 CITY-STATE-ZIP	BOCA RATON FL	
51 TITLE		<input type="checkbox"/> DELETE
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> DELETE
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GEORGE E. CIPRIANO	
13 STREET ADDRESS	7211 NW 76 Street	
14 CITY-STATE-ZIP	Tamarac, FL 33321	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JOHN B. CIPRIANO	
23 STREET ADDRESS	1505 S. Ocean Blvd., L-3	
24 CITY-STATE-ZIP	Boca Raton, FL 33432	
31 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 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, TREASURER-DIRECTOR

01/16/96

CR2E034 (12/96)