

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** 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: **7211 NW 76th Street, State Apt. #, etc.**

2a. Mailing Address: **7211 NW 76 Street, State Apt. #, etc.**

23. City & State: **Tamarac, FL**

28. City & State: **Tamarac, FL**

24. Zip: **33321** 25. Country: **BROWARD** 29. Zip: **33321** 30. Country: **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**

Same

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: _____	

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)