

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

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: _____ 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

11 TITLE: PD	NAME: CIPRIANO, JOHN B	STREET ADDRESS: 1505 S OCEAN BLVD L-3	CITY-STATE-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE
12 TITLE: VD	NAME: CIPRIANO, GEORGE E	STREET ADDRESS: 7211 NW 76TH ST	CITY-STATE-ZIP: TAMARAC FL	<input type="checkbox"/> DELETE
13 TITLE: SD	NAME: BLACK, CARLA A	STREET ADDRESS: 727 ST ALBANS DR	CITY-STATE-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE
14 TITLE: TD	NAME: HOWELL, JEAN B	STREET ADDRESS: 1505 S OCEAN BLVD L-3	CITY-STATE-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: PD	NAME: GEORGE E. CIPRIANO	STREET ADDRESS: 7211 NW 76 Street	CITY-STATE-ZIP: Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 TITLE: VD	NAME: JOHN B. CIPRIANO	STREET ADDRESS: 1505 S. Ocean Blvd., L-3	CITY-STATE-ZIP: Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 TITLE: SAME	NAME: SAME	STREET ADDRESS: SAME	CITY-STATE-ZIP: SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 TITLE: SAME	NAME: SAME	STREET ADDRESS: SAME	CITY-STATE-ZIP: SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-STATE-ZIP: _____	<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, TREASURER-DIRECTOR

01/16/96

CR2E034 (12/95)