

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # K24877 (8)
 1. Corporation Name
JBC ENTERPRISES, INC.

Principal Place of Business 7211 NW 76TH STREET 1505 S OCEAN BLVD APT L3 TAMARAC FL 33321 US	Mailing Address 7211 NW 76TH STREET 1505 S OCEAN BLVD APT L3 TAMARAC FL 33321 US
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/25/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 629 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc.	2a. Mailing Address 26 629 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc.
22 City & State 23 BOCA RATON, FL. 33432	27 City & State 28 BOCA RATON, FL. 33432
24 Zip 33432 Country	29 Zip 33432 Country
25 PALM BEACH	30 PALM BEACH

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPRIANO, GEORGE E.	1.2 NAME	JOHN B. CIPRIANO
STREET ADDRESS	7211 NW 76TH ST	1.3 STREET ADDRESS	410 NORTH FEDERAL HIGHWAY #420
CITY - ST - ZIP	TAMARAC FL	1.4 CITY - ST - ZIP	DEERFIELD BEACH, FL. 33441
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPRIANO, JOHN B.	2.2 NAME	GEORGE E. CIPRIANO
STREET ADDRESS	1505 S. OCEAN BLVD., L-3	2.3 STREET ADDRESS	7211 N.W. 76th STREET
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	TAMARAC, FL. 33321
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, CARLA A	3.2 NAME	
STREET ADDRESS	727 ST ALBANS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, JEAN B	4.2 NAME	
STREET ADDRESS	1505 S OCEAN BLVD L-3	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John B. Cipriano* **FILED** 1-15-98 661-395-7622
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0291444

CR2E034 (10/97)