

**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
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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 <b>629 SOUTH FEDERAL HIGHWAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>629 SOUTH FEDERAL HIGHWAY</b> Suite, Apt. #, etc.
22 City & State 23 <b>BOCA RATON, FL. 33432</b>	27 City & State 28 <b>BOCA RATON, FL. 33432</b>
24 Zip <b>33432</b> Country	29 Zip <b>33432</b> Country
25 <b>PALM BEACH</b>	30 <b>PALM BEACH</b>

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: \_\_\_\_\_ DATE: **1-15-98** Daytime Phone #: **561-395-7622**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)