## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT O

Sandra B. Mortha

Secretary of State

DIVISION OF CORPORA ONS

STATE

DOCUMENT # K44795 JB'S PLANTATION VENTURE INC

**FILED** May 13 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

08/13/1996

П



3. Date Incorporated or Qualified

11/10/1988

65-0094353

5. Certificate of Status Desired

4. FEI Number

Principal Place of Business 8211 W. BROWARD BLVD. BUITE 340 PLANTATION FL 33324		Mailing Address 8211 W. BROWARD BLVD. SUITE 340 PLANTATION FL 33324-2727	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	
2		27	
City & State		City & State	
2ip 2ip 4		28	
Zip	Country	Zip	Country
· π	25	29	30
176			

27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BERKOVITS, JOE 81 Name **8211 W BROWARD STE 340** 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 

> 84 Zip Code

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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agon) signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE 1.1 TITLE TITLE Change Addition BERKOVITS, JOE NAME 1.2 NAME **8211 WEST BROWARD BLVD.** STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME STREET ADDRESS 2.3 TREET ADDRESS CITY-ST-ZIP DELETE TITLE ITLE ☐ Change Addition NAME STREET ADDRESS reet address CITY-ST-ZIF ITY-ST-ZIP DELETE TITLE Change Addition NAME # STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-7IP DELETE TITLE TLE Change Addition ŅAME AME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1TITLE Change Addition NAME 6.'NAME

83

CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing does not qualify for to exemption stated in Section 119.07(3)(i). 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 ampowered be execute this report as required by Chapter 607, Florida Statutes; and that my name exercises in Ricch 12 or Ricch 13 it chapted or on an attemptor with the profession. appears in Block 12 or Block 13 if changed, or on an attachmer

6. STREET ADDRESS

STREET ADDRESS

4122 107