

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Marjorie B. Norrison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K92080** (6)

1. Corporation Name:

JBI, INC.

Principal Place of Business:

2200 W. GLADES RD.
SUITE 308
BOCA RATON FL 33431

Mailing Address:

2200 W. GLADES RD.
SUITE 308
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/30/1989**
3a. Date of Last Report: **05/01/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State Apt # etc	27	State Apt # etc
23	City & State	28	City & State
24	ZIP	29	ZIP
30		30	

4. FEI Number	Applied For
65-0122104	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under § 199.022, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ZIMMERMAN, JODI
6252 NW 23RD WAY
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

11. Pursuant to the provisions of Sections 607.02(4) 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 provisions of Section 607.02(4), Florida Statutes.

SIGNATURE

(Signature of current registered agent or new registered agent)

(Signature of registered agent or registered office)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)

TITLE	D
NAME	ZIMMERMAN, JODI
STREET ADDRESS	6252 NW 23RD WAY
CITY, ST, ZIP	BOCA RATON FL
TITLE	V
NAME	ZIMMERMAN, ELLIOT
STREET ADDRESS	6252 NW 23RD WAY
CITY, ST, ZIP	BOCA RATON FL
TITLE	T
NAME	ZIMMERMAN, ROSLYN
STREET ADDRESS	6252 NW 23RD WAY
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01(7)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and carries the same weight that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing change or on a confirmation with a checkmark.

SIGNATURE:

[Handwritten Signature]
Elliot Zimmerman

4/2/95 407
347-1517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR