

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.

DO NOT WRITE IN THIS SPACE

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**

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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0122104**
Applied For: Not Applicable

State Apt # etc: **22**
State Apt # etc: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

ZIP: **24** ZIP: **25** ZIP: **29** ZIP: **30**

8. This Corporation has liability for intangible tax under § 199.022, Florida Statutes: Yes 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: _____ FL B5 Zip Code: _____

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 obligations of Section 607.02(5), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Office)

12. OFFICERS AND DIRECTORS

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	

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

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 force 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. Changes in officer information will be indicated by a checkmark.

SIGNATURE: *[Signature]* **Elliot Zimmerman** 4/7/95 347-1517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR