

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Marjorie B. Matzner  
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(4), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

11. TITLE: **D**  
NAME: **ZIMMERMAN, JODI**  
STREET ADDRESS: **6252 NW 23RD WAY**  
CITY, ST, ZIP: **BOCA RATON FL**

11. TITLE: \_\_\_\_\_  Change  Addition  
12. NAME: \_\_\_\_\_  
13. STREET ADDRESS: \_\_\_\_\_  
14. CITY, ST, ZIP: \_\_\_\_\_

11. TITLE: **V**  
NAME: **ZIMMERMAN, ELLIOT**  
STREET ADDRESS: **6252 NW 23RD WAY**  
CITY, ST, ZIP: **BOCA RATON FL**

15. TITLE: \_\_\_\_\_  Change  Addition  
16. NAME: \_\_\_\_\_  
17. STREET ADDRESS: \_\_\_\_\_  
18. CITY, ST, ZIP: \_\_\_\_\_

11. TITLE: **T**  
NAME: **ZIMMERMAN, ROSLYN**  
STREET ADDRESS: **6252 NW 23RD WAY**  
CITY, ST, ZIP: **BOCA RATON FL**

19. TITLE: \_\_\_\_\_  Change  Addition  
20. NAME: \_\_\_\_\_  
21. STREET ADDRESS: \_\_\_\_\_  
22. CITY, ST, ZIP: \_\_\_\_\_

11. TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

23. TITLE: \_\_\_\_\_  Change  Addition  
24. NAME: \_\_\_\_\_  
25. STREET ADDRESS: \_\_\_\_\_  
26. CITY, ST, ZIP: \_\_\_\_\_

11. TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

27. TITLE: \_\_\_\_\_  Change  Addition  
28. NAME: \_\_\_\_\_  
29. STREET ADDRESS: \_\_\_\_\_  
30. CITY, ST, ZIP: \_\_\_\_\_

11. TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

31. TITLE: \_\_\_\_\_  Change  Addition  
32. NAME: \_\_\_\_\_  
33. STREET ADDRESS: \_\_\_\_\_  
34. CITY, ST, ZIP: \_\_\_\_\_

14. I do 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 legal liability as if I were 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 Addition: \_\_\_\_\_

SIGNATURE: *[Signature]* **Elliot Zimmerman** 4/7/95 349-1517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR