

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K95470 (6)**

1. Corporation Name  
**W.J.V.B., INC.**



Principal Place of Business      Mailing Address

**106 KNOLLWOOD ESTATES DRIVE  
 ORMOND BEACH FL 32174**      **106 KNOLLWOOD ESTATES DRIVE  
 ORMOND BEACH FL 32174-4223**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	<b>06/15/1989</b>	<b>05/01/1996</b>
22	City & State	27	City & State	4. FLI Number	Applied For / Not Applicable
23	Zip	28	Zip	<b>59-2958767</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Country	29	Country	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEAN, WILLIAM J.  
 106 KNOLLWOOD ESTATES DR.  
 ORMOND BEACH FL 32174**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP - S/T</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAN, JENE</b>	
STREET ADDRESS	<b>106 KNOLLWOOD EST. DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>VP - PRES / DIR</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAN, WILLIAM J.</b>	
STREET ADDRESS	<b>106 KNOLLWOOD EST. DR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<del>ST</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BEAN, WILLIAM SEAN</del>	
STREET ADDRESS	<del>106 KNOLLWOOD EST. DR.</del>	
CITY-ST-ZIP	<del>ORMOND BEACH FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PRES / DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the 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 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: *William J. Bean*      904-615-8900

CP2E034 (9/96)