

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

**FILED**

**Feb 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L23298 (7)**

1. Corporation Name  
**JNB DEVELOPMENT, INC.**



Principal Place of Business <b>472 DREAMA DR DAVENPORT FL 33837 US</b>	Mailing Address <b>472 DREAMA DR DAVENPORT FL 33837-0451 US</b>
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3. Date Incorporated or Qualified <b>10/16/1989</b>	3a. Date of Last Report <b>03/14/1996</b>
4. FEI Number <b>59-2973110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business				2a. Mailing Address			
21	Suite, Apt #, etc.			26	Suite, Apt #, etc.		
22	City & State			27	City & State		
23	Zip	Country	25	29	Zip	Country	30

9. Name and Address of Current Registered Agent <b>JOANNE P. SNIDER 472 DREAMA DR DAVENPORT FL 33837</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNIDER, JOANNE P.</b>	1.2 NAME	
STREET ADDRESS	<b>472 DREAMA DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVENPORT FL</b>	1.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLEME, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>230 TIMBER LAKE CIRCLE #203</b>	2.3 STREET ADDRESS	<b>7761 JG WOL LAKE #202</b>
CITY - ST - ZIP	<b>NAPLES FL</b>	2.4 CITY - ST - ZIP	<b>NAPLES, FL 34109</b>
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICDAO, CARMELITA O.</b>	3.2 NAME	
STREET ADDRESS	<b>2850 GRANADA BLVD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Joanne P. Snider* **JOANNE P. SNIDER** 2/18/97 9414240408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)