

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

FILED

**Feb 19 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 # L23298 (7)

1. Corporation Name
JNB DEVELOPMENT, INC.



Principal Place of Business 472 DREAMA DR DAVENPORT FL 33837 US	Mailing Address 472 DREAMA DR DAVENPORT FL 33837-0451 US
---	--

3. Date Incorporated or Qualified 10/16/1989		3a. Date of Last Report 03/14/1996	
2. Principal Place of Business		4. FEI Number 59-2973110	
21	2a. Mailing Address	Applied For Not Applicable	
22	26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	27	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State			
24	28		
Zip	29		
Country	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOANNE P. SNIDER 472 DREAMA DR DAVENPORT FL 33837				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	SNIDER, JOANNE P.	1.2 NAME	
STREET ADDRESS	472 DREAMA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT FL	1.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLEME, ROBERT	2.2 NAME	
STREET ADDRESS	230 TIMBER LAKE CIRCLE #203	2.3 STREET ADDRESS	7761 JG WOL LAKE #202
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	NAPLES, FL 34109
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICDAO, CARMELITA O.	3.2 NAME	
STREET ADDRESS	2850 GRANADA BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	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)