FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)J.S.B.K., INC. Principal Place of Business Mailing Address 8370 NW 31ST PLACE SUNRISE FL 33351 9370 NW 31ST PLACE SUNRISE FL 33351

## **FILED** Jan 27 1998 8:00am Secretary of State

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	3311113E 18 3331			DO NOT WRITE IN THIS SPACE					
			3. Date Incorporated or Qualified						
						11/29/1989			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ar	pplied For	
21 26		26				65-0161966	No	t Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75	Additional	
27		27				5. Certificate of Status Desired	Fee Re	equired	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23	28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country			8. This corporation owes or has paid the cu			
24	25	29	30	-				No	
	I <del></del>	nd Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBINSON, JAMES R.			81 Name						
9370 NW 31ST PLACE									
9370 NW 3151 PLACE SUNRISE FL 33351				82 Street Address (P.O. Box Number is Not Acceptable)					
SUMMISE FL	33301			83					
				"					
				84	City	FL	<b>85</b> Zip	Code	
11. Pursuant to the provis	ions of Sections 607 050	2 and 607.1508, Florida Stal	utes, the	above	e-named c		of changing it	s registered	
office or regi <b>st</b> ered ag <b>agent. I am fam</b> iliar wi	gent, or both, in the State ith, and accept the obliga	of Florida Such change wa alions of, Section 607:0505,	s author Florida st	ed by atules	the corpo	orporation submits this statement for the purpose or gration spood of directors. I hereby accept the app	pointment as	registered	
SIGNATURE Signature, typed	or printed harne of registered agei	ot and title if applicable (N	Q1E: Registe	ed Ago	nt signature re	iquifed whon reinstaing) DATE	-48		
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12	
TITLE PD		DELETE	. 1.1	TITLE	T		Change	Addition	
NAME ROBINS	ON, JAMES R.		1.2	NAME				ľ	
	N 31ST PLACE				ADDRESS				
CITY-ST-ZIP SUNRIS				CITY-SI					
TITLE STD	<del></del>	DELETE		TITLE	1 - 21		Change	Addition	
	000000000000000000000000000000000000000						,,idexile		
	AATA SHU AJAT DI SAF		2.2 NAME  2.3 STREET ADDRESS						
ALMINIO	ALMONOT EL								
				2. 4 CITY - ST - ZIP 3.1 TITLE			Chann	Addition	
TOLE		☐ DELETE					Change	Addition	
NAME				NAME					
STREET ADDRESS			3.3	STREET.	ADDRESS				
City-St-ZiP				CITY-S	I - ZIP				
TITLE		☐ DELETE		TITLE			Change	Addition	
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			4.4	City-si	1 - 21P				
TITLE		DELETE	51	TITLE			Change	Addition	
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET.	ADDRESS				
CITY-ST-ZIP			5.4	CITY-S1	r- ZIP				
TITLE		☐ DELFTE		TITLE	1		Change	Addition	
NAME			6.21	NAME					
STREET ADDRESS					ADDRESS			-	
CITY-ST-ZIP				CITY - ST					
	e information supplied wi	th this bling does not qualify				in Section 119.07(3)(i), Florida Statutes. I further or	artify 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 atlachment with an address.