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

Jun 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (4)JB ENTERPRISES OF KEY WEST INC. Principal Place of Business Mailing Address 1205 CALAIS LN J205 CALASI IN KEY WEST FL 83040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1989 ALAIS LV. 26 1205 4. FEI Number Applied For 65-0157007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BENAVIDES, JAIME Name 702 CATHERINE STREET Street Address (P.O. Box Number is Not Acceptable) 82 KEY WEST FL 33040 Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE Signature, typed or proteorounce of registered agent and little diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE BENAVIDES, JAIME 1205 CALAISLN. NAME 1.2 NAME 1205 CARAIS LANE STREET ADDRESS (REE1 ADDRESS KEY WEST FL CITY-ST-ZIP <u>Y - ST - ZIP</u> Change VD DELETE Addition TITLE 21 BAERT, JOE 2.2 818 SAWYER LANE STREET ADDRESS 2.3 HEFT ADDRESS **KEY WEST FL** CITY-\$1-ZIP 17 - S1 - ZIP OELETE 311 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DE1 FTE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THUE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Thereby certify that the information supplied with this filling 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 suppliemental 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 trusted 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 altachment with an address. CITY-ST-ZIP 64 C(1 Y - ST - ZIP

**FILED**