

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra P. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L41174

(8)

1. Corporation Name

N.J.B. SERVICES, INC.

Principal Place of Business

**C/O NICHOLAS J. BONACCI, JR.
3325 GRIFFIN ROAD, SUITE 210
FORT LAUDERDALE FL 33312**

Mailing Address

**C/O NICHOLAS J. BONACCI, JR.
3325 GRIFFIN ROAD, SUITE 210
FORT LAUDERDALE FL 33312**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**FELICE, SHEKAR
3325 GRIFFIN RD
FORT LAUDERDALE FL 33312**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BONACCI, NICHOLAS J., JR	
STREET ADDRESS	3721 SW 47 CT	
CITY-STATE-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 in charge of, or in an affidavit with an address.

SIGNATURE:

Nicholas J. Bonacci, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nicholas J. Bonacci, President

MAY, 1996 305-357-4255

CR2E034 (12/95)