FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L42850** **(2)**

1. Corporation Name

JBL CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
13105 NW LE JEUNE RD. OPA LOCKA FL 33054 US	13105 NW LEJEUNE RD. OPA LOCKA FL 33054 US

3. Date Incorporated or Qualified: **01/17/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0166245** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21 1304 S.W. 160 Ave.
22 Suite 621
23 City & State: Sunrise, Fl.
24 Zip: 33326 25 Country: Brownd

2a. Mailing Address
26 1304 S.W. 160 Ave.
27 Suite 621
28 City & State: Sunrise, FL.
29 Zip: 33326 30 Country: Brownd

9. Name and Address of Current Registered Agent

LEVIN, JOSEPH B.
13105 NW LEJEUNE RD.
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name: Joseph B. Levin
82 Street Address (P.O. Box Number is Not Acceptable): 1304 S.W. 160 Ave.
83 Suite 621
84 City: Sunrise FL 85 Zip Code: 33326

11. Pursuant to the provisions of Sections 607.0505 and 617.1605, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	LEVIN, JOSEPH B.	
STREET ADDRESS	13105 NW LE JEUNE RD.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	T	☐ DELETE
NAME	LEVIN, DARLEEN	
STREET ADDRESS	13105 NW LE JEUNE RD.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	PS	☑ Change ☐ Addition
1-2 NAME	Levin, Joseph B.	
1-3 STREET ADDRESS	1304 S.W. 160 Ave, Suite 621	
1-4 CITY-ST-ZIP	Sunrise, Fl. 33326	
2-1 TITLE	T	☑ Change ☐ Addition
2-2 NAME	Levin, Darleen	
2-3 STREET ADDRESS	1304 S.W. 160 Ave, Suite 621	
2-4 CITY-ST-ZIP	Sunrise, Fl 33326	
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Darleen Levin Treasurer 4/15/96 349-0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Darleen Levin