## 4-14-47 B-4491 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L65675

(5)

J & B DONUTS, INC.

FILED
Apr 14 1997 8:00am
Secretary of State



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,	ce of Business	Mailing Addres				
%HENRY LAFFER ESO 7770 W OAKLAND PARK BLVD #210 SUNRISE FL 33351		%HENRY LAFFER ESQ 7770 W OAKLAND PARK BLVD #210 SUNRISE FL 33351-6744				
					3. Date Incorporated or Qualified 04/13/1990	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
2. Principal 21	Place of Business	2a. Mailing Add 26	iress		4. FEI Number 65-0226088	Applied For Not Applica
Suite, Ap	t. #, etc	Suite, Apt #	f, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta 23	ile	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Co	ountry	8. This corporation has liability for in	jangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Reg	Istered Agent
LA	FFER, HENRY ESQ			81 Name		
77	70 W OAKLAND PARK BLVD (	F210		82 Street Add	fress (P.O. Box Number is Not Acceptable	e)
SU	INRISE FL 33351					
				83		
				84 City		EL 85 Zip Code
11. Pursuar office or	to the provisions of Sections 607 registered agent, or both, in the S	0502 and 607.1508, Flor tate of Florida, Such cha	ida Statutes, the nge was authoriz	above-named corp ed by the corpora	poration submits this statement for the putition's board of directors. I hereby accept	
agent. I	anniannial with, and accept the or	nligations of, Section 607	7.0505, Florida Sti	atutes.		
agent. I SiGNATURE			7.0505, Florida Sti	atutes.		
SIGNATURE	Stignation: Typied or pricted name of registered	d agent and title if applicable.	(NOTE: Register	red Agen) signature requi	ilred when reinstating)	DATE
SIGNATURE	Stignation: Typied or pricted name of registered	d agent and title if applicable. AND DIRECTORS	(NOTE: Register	red Apent signature requi		DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  Title	Styrature typed or prictical came of registerer OFF ICERS	d agent and title if applicable. AND DIRECTORS	(NOTE: Register 13. DELETE 1.1	red Agent signature regul •	ilred when reinstating)	DATE
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4. 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. Ffurther 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 have 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 chapped or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytors From #