

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66531

1. Corporation Name

N.J.B. SALES

Principal Place of Business

583 BEDFORD AVE
FT. LAUDERDALE FLORIDA
33326

Mailing Address

583 BEDFORD AVE
FT. LAUDERDALE FLORIDA
33326

3. Date Incorporated or Qualified
4-17-90

3a. Date of Last Report
95

2. Principal Place of Business

21 583 BEDFORD AVE

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE FL.

Zip

24 33326

Country

25 USA

2a. Mailing Address

26 583 BEDFORD AVE

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE FL.

Zip

29 33326

Country

30 USA

4. FEI Number

65-0191560

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

9. Name and Address of Current Registered Agent

STEVEN M BERLIN PRESIDENT
583 BEDFORD AVE
FT. LAUDERDALE FL.
33326

10. Name and Address of New Registered Agent

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, 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

STEVEN M BERLIN PRESIDENT

TITLE Registered Agent Signature must be handwritten.

4-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	STEVEN M BERLIN	
STREET ADDRESS	583 BEDFORD AVE FT. LAUD FL	
CITY-ST-ZIP	33326	
TITLE	V.P. SEC. TRES	<input type="checkbox"/> DELETE
NAME	NANCY J. BERLIN	
STREET ADDRESS	583 BEDFORD AVE FT. LAUD FL.	
CITY-ST-ZIP	33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

300001788083

04/22/96 01019-010

***200.00

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 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: STEVEN M. BERLIN Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Berlin

4-15-96

DATE

954-389-4680

DUPLICATE PHONE

CR2E034 (12/95)

4/15/96