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

PROFIT CORPORATION ANNUAL REPORT 1997

J.C. J.B. CORP.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M76295

(8)

Mailing Address

FILED May 14 1997 8:00am Secretary of State

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4382 NORTHLAKE BLVD #202 Palm Beach Gardens Fl 33410-269		4362 NORTHLAKE BLVD #202 PALM BEACH GARDENS FL 33410-6269 US							
US					3. Date Incorporated or Qualified 04/13/1988	3a. Date of t 04/12/19			
	ace of Business	2a. Mailing Address		4. FEI Number		Applied For			
21		26			65-0050462		Not Applicable		
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29	Coul	ntry	8. This corporation has liability for a Florida Statutes	intangible tax under s. 199.032, Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent			
BRODY, ROBERT 4362 NORTHLAKE BOULEVARD #202 PALM BEACH GARDENS FL 33410 81 Name BRODY, Robert Strock Address (P.O. Box Number is Not Acceptable) 1601 Forum Place, Suite 404 83 84 City Cath Politic Politic Place									
84 City West Palm Beach FL 85 Zip Code 33401 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. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statute's. Signature Signature Iveed or or find drawn of reputing a good and the department of the statute of the st									
12.	Signature, typed or printed name of registricid agent OFFICERS AND		Registered	Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC		CTODS IN 12		
TITLE	DVS	DELETE	1110		ADDITIONS/CHAINGES TO OFFIC				
NAME	ALEXANDER, HOWARD JAY	El otters	1.2 NA	ì			iange		
STREET ADDRESS	834 WHIPPOORWILL TRAIL			HEET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL			Y-\$1-2(P					
TITLE	DPT	DELETE	2.110			□ Ci	hange Addition		
NAME	ALEXANDER, CYNTHIA C		2.2 NA	ì		•			
STREET ADDRESS	834 WHIPPOORWILL TRAIL			REET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL			IY-SI-ZIP					
TITLE		DELETE	3 1 111			□ c	hange Addition		
NAME)			3.2 NA	ME)		_	•		
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				1Y - S1 - ZIP					
TITLE		DELETÉ	4.1 111			CI	hange Addition		
NAME			4. 2 N	MME .					
STREET ADDRESS			4.3 \$1	REET ADDRESS					
CITY-ST-ZIP			4.4 CH	Y-S1-7IP					
TITLE		DELETE	51111			☐ C	hange Addition		
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 \$1	REET ADDRESS			•		
CITY-ST-ZIP				Y - \$1 - ZiP					
TITLE		DELETE	6.1 7/1			C	hange Addition		
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRESS					
CITY-ST-ZIP				Y-S1-7IP					
14. I do heret	by certify that the information supplied	with this filing does not qualify	v for the	exemption st	ated in Section 119.07(3)(i), Florida Statute	s I further certif	ly that the		
I am an of appears is	in indicated on this finnual report or su lficer or director of the corporation or t in Block 12 or Block 13 if changed, or i	ppiemental annual réport is fri he receiver or trustee empowe on an attachment with an addi	ue and a prod to e ross.	courate and xecute this re	that my signature shall have the same lega eport as required by Chapter 607, Florida S	ा सारका as II ma itatutes; and tha	oe under oath; that it my name		