

E 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

IDENT # **P27404** (3)

Name

J&B MANAGEMENT CORP.

Place of Business

Mailing Address

J&B MANAGEMENT CO.
EXECUTIVE DRIVE
FORT LEE NJ 07024

C/O J&B MANAGEMENT CO.
1 EXECUTIVE DRIVE
FORT LEE NJ 07024



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/21/1989

3a. Date of Last Report

02/03/1995

4. FEI Number

22-3014474

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

10. Name and Address of New Registered Agent

CAPITOL SERVICES
1020 E. LAFAYETTE STREET, SUITE 110A
TALLAHASSEE FL 32301

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 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD LUCIANI, JOHN
STREET ADDRESS 1 EXECUTIVE DR.
CITY-ST-ZIP FORT LEE NJ

TITLE ☐ DELETE

NAME VST RODIN, BERNARD
STREET ADDRESS 1 EXECUTIVE DR.
CITY-ST-ZIP FORT LEE NJ

TITLE ☐ DELETE

NAME D RODIN, BERNARD
STREET ADDRESS 1 EXECUTIVE DR.
CITY-ST-ZIP FORT LEE NJ

TITLE ☐ DELETE

NAME D LUCIANI, JOHN, III
STREET ADDRESS 1610 WOODSTEAD COURT
CITY-ST-ZIP THE WOODLANDS TX

TITLE ☐ DELETE

NAME D LUCIANI, DORIAN
STREET ADDRESS 1610 WOODSTEAD COURT
CITY-ST-ZIP THE WOODLANDS TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 201-947-7322
Date Daytime Phone #

CR2E034 (12/95)