FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JAN 31 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33354 (2)

1. Corporation Name
JBM RETAIL COMPANY, INC.

200001397012
-02/03/95--01022--004
***1403.75 ****208.75
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
13801 N.W. 14TH ST. SUNRISE FL 33323	13801 N.W. 14TH ST. SUNRISE FL 33323

3. Date Incorporated or Qualified: 03/26/1991
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 13-3592619 ☐ 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

Consolidated with JAN BELL (PARENT)

9. Name and Address of Current Registered Agent

ARRASCAETA, GRACE
13801 N.W. 14TH ST.
SUNRISE FL 33323

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, 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when maintaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FULLER/JON	1.2 NAME	PETER HAYES	
STREET ADDRESS	13801 N.W. 14 ST	1.3 STREET ADDRESS	13801 NW 14th St	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	S	2.1 TITLE	CEO/D	☐ Change ☒ Addition
NAME	BOUDREAU, DAVID	2.2 NAME	Joseph Pennacchio	
STREET ADDRESS	13801 N.W. 14 ST	2.3 STREET ADDRESS	same	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	ARRASCAETA, GRACE	3.2 NAME	Rosemary Boudreau	
STREET ADDRESS	13801 N.W. 14ST	3.3 STREET ADDRESS	same	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	S T	☐ Change ☒ Addition
NAME		4.2 NAME	Frank S. Fluno	
STREET ADDRESS		4.3 STREET ADDRESS	same	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

1/31/95 MS

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 addition.

SIGNATURE: _____ DAVID BOUDREAU 1/12/95 305-846-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231289 CP