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CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P34152

(9)

| 1. Corporation Name JMB TRADING COMPANY  Principal Place of Buriness 7373 PRESCOTT LN LAKEWORTH FL 33467  LAKEWORTH FL 33466 |  |                                    |                   |                            |              |                       |   |              |              |                               |
|--|--|------------------------------------|-------------------|----------------------------|--------------|-----------------------|---|--------------|--------------|-------------------------------|
| US   | 12.000   | Ű                                  |                   | 100 00 10                  |              |                       | 3. Date Incorporated or Qualified   | 3a Date      | of Last Bo   | enort                         |
|  |  |                                    |                   |                            |              |                       | 3. Data Incorporated or Qualified 05/31/1991  | <b>54</b>    | 04/14/1      | <i>)</i> 95`                  |
| 2. Principal Plac<br>1   | e of Business  | 26                                 | , Mailing Address |                            |              |                       | 4. FEI Number 75-2320002  | •            |              | Applied For<br>Not Applicable |
| Suite, Apt. #.<br>2  | eto.   | 27 St                              | _t                |                            |              |                       | 5. Certificate of Status Desired  |              | ,            | Additional<br>Required        |
| Oty & State  |  | 28                                 | ity & State       |                            |              |                       | 6. Election Campaign Financing Trust Fund Contribution  |              |              | <b>0</b> May Be<br>d to Fees  |
| 7  | Country 25   | 29                                 | p                 | 30 Cou                     | ountry       |                       | This corporation has liability for intangible tax under s 199.032,     Florida Statutes                             |              |              |                               |
| 1  | 9. Name and Address of Curr  |                                    | ed Agent          |                            |              |                       | 10. Name and Address of New I   | Registered   | Agent        |                               |
| DI ITI CO  | DIOLIADD O   |                                    |                   |                            | 81           | Name                  |   |              |              |                               |
| BUTLER, RICHARD S.<br>7373 PRESCOTT LANE<br>LAKE WORTH FL 33467  |  |                                    |                   |                            | 82           | Street Addre          | ess (P.O. Box Number is Not Acceptal  | ole)         |              |                               |
|  |  |                                    |                   |                            |              |                       |   |              |              |                               |
| D (1) L  | 0,111772 00 101  |                                    |                   |                            | 83           |                       |   |              |              |                               |
|  |  |                                    |                   |                            | 84           | City                  |   | FL           | 85 Zip       | p Code                        |
| SICINATURE<br>SI<br>1 <b>2.</b><br>IILE  | Judine typestor ported war e of registered ago<br>OFFICERS A                 | or and life if appli<br>ND DIRECTO |                   | 1011 Registered 13.        |              | nt signature required | when reinstatings ADDITIONS/CHANGES TO OFF  |              | DIRECTO      | PRS IN 12                     |
| NAME<br>51RSE: ADDRESS   | BUTLER, RICHARD S.<br>7373 PRESCOTT LN<br>LAKE WOTH FL                       |                                    | CD Detect         | 12N                        | AME          | ADDRESS               |   | L            | enumge       |                               |
| OTY - ST - ZIP   |  |                                    | ET po pa          |                            |              | 5T - 7IP              |   |              | =            | T Address                     |
| IAME SIREFT ADDRESS DITY-51-ZIP  | BUTLER, ARLENE<br>7373 PRESCOTTLN<br>LAKE WORTH FL                           |                                    | DELETE            |                            | AME<br>TREET | LADDRESS<br>ST-ZIP    |   | L            | Change       | ☐ Addition                    |
| THLE<br>NAME   |  |                                    | DELETE            | 3 11<br>32N                | ITLE<br>AME  |                       | <del>_</del>  |              | Change       | ☐ Addition                    |
| STREET ADDRESS   |  |                                    |                   |                            |              | T ADDRESS             |   |              |              |                               |
| OLY-SE ZIP<br>OLE  |  |                                    | DELETE            | 4.11                       |              | ST-71P                | - · <del></del> · <del>- · · · · · · · · · · · · · · · · · </del>   | Γ            | Change       | Addition                      |
| AME  |  |                                    |                   | 4.2 N                      | AME          |                       |   | _            | -            |                               |
| JREET ALORESS  |  |                                    |                   | 4.3 S                      | TREES        | ADDRESS               |   |              |              |                               |
| ary-St-ZiF   |  |                                    |                   |                            |              | 51 - 71 <sup>p</sup>  |   |              | <b>.</b>     | -                             |
| HLF  |  |                                    | DELETE            | 5 1 1                      |              |                       |   | [            | Change       | ☐ Addition                    |
| AMF  |  |                                    |                   | 52N                        |              | ADDRESS               |   |              |              |                               |
| ORELL ADDRESS  |  |                                    |                   |                            |              | TADORESS              |   |              |              |                               |
| 1117 - ST - ZIF<br>1118  |  |                                    | DELETE            | 6 11                       |              | ST-ZIP                |   | Γ            | Change       | Addition                      |
| AM   |  |                                    |                   | 62N                        |              |                       |   |              |              |                               |
| THEFT ADDRESS  |  |                                    |                   |                            |              | ADDRESS               |   |              |              |                               |
| 04Y+51+ZIF   |  |                                    |                   |                            |              | ST-ZiP                |   |              |              |                               |
| certify that to<br>outh, that I a  | he information indicated on this ar<br>ani an officer or director of the cor | nual report or<br>poration or th   | r supplemental an | inual report<br>lee empowe | ıs trı       | ie and accurat        | or the exemption stated in Section 119 te and that my signature shall have the report as required by Chapter 607, F | e same legal | effect as if | f made under                  |

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNAL DESICER OR DIRECTOR

2/5/96 407 966-9180