03-04-1999 90179 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P34152

1. Corporation Name

JMB TR/	ADING COMPANY							
Principal Place	e of Business	Mailing Address					111 AIA11 BIB11 BIB11 I	J1811 BIBII 1681
7373 PRESCOTT LN P.O. BOX 6846 LAKEWORTH FL 33467 LAKEWORTH FL 33466-684 US US						.DO NOT-WRITE.IN-TI	IIS SPACE	· •
03		, t				3. Date Incorporated or Qualifed 05/31/1991		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				75-2320002	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		L.		10. Name and Address of New Register	ed Agent	
				81	Name			
BUTLER, RICHARD S.				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
7373 PRESCOTT LANE						<u> </u>		
LAKI	E WORTH FL 33467			83				1
				84	City		85 Zip (Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	502 and 607.1508, Florida Sta e of Florida. Such change war gations of, Section 607.0505.	itutes, the a s authorized Florida Stat	bove d by tutes	e-named cor the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE	<u> </u>						·	
				Agen	t signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	NDS IN 12
12.	OFFICERS AND DIRECTORS CP DELETE			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	· ·		1.2 N					_
NAME	BUTLER, RICHARD S. 7373 PRESCOTT LN		- 1		ADDRESS			
STREET ADDRESS	LAKE WORTH FL							
CITY-ST-ZIP	S			1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
TITLE	BUTLER, ARLENE	C 0000-1	2.2 N			•		_
NAME STREET ADDRESS	7373 PRESCOTTLN				ADDRESS			
	LAKE WORTH FL		•	CITY-S	ĺ	•		
CITY-ST-ZIP	□ DELETE			3.1 TITLE		<u> </u>	Change	Addition
NAME		_	3.2 N	AME		.		
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				XTY-S				
TITLE		☐ DELETE	4.1 T				Change	Addition
NAME			4, 2 1	AME				
STREET ADDRESS			4.3 \$	TREET	T ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 T				Change	☐ Addition
NAME			5.2 N	AME		•		
STREET ADDRESS			5.3 S	TREET	ADDRESS			}
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 7	TLE			Change	☐ Addition
NAME			6.2 N	AME				•

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 charged or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

2/16/99 581-966-9/80