

FILE 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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P38331 (5)

1. Corporation Name
S B JAX, INC.

Principal Place of Business
604 COURTLAND ST.
STE. #138
ORLANDO FL 32804-1318
US

Mailing Address
604 COURTLAND ST.
STE. #138
ORLANDO FL 32804-1318
US

3. Date Incorporated or Qualified
04/14/1992
3a. Date of Last Report
05/01/1995
4. FEI Number
59-3103569
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

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

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
RAX CO.
82 Street Address (P.O. Box Number is Not Acceptable)
C/O MAHONEY ADAMS & CRISER P.A.
83 50 N. LAURA ST. 3300 GARNETT CENTER
84 City JACKSONVILLE FL 85 Zip Code 32202

11. Pursuant to the provisions of Sections 607.0522 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE Halcyon E. Skinner, Pres. 5/1/1996
Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHARTOUNI, NABIL	
STREET ADDRESS	44 DAVES ST.	
CITY-ST-ZIP	LONDO W141LD ENGLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, BARBARA	
STREET ADDRESS	44 DAVES ST.	
CITY-ST-ZIP	LONDO W141LD ENGLAND	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VINDOD, VAGHADIA	
STREET ADDRESS	44 DAVES ST.	
CITY-ST-ZIP	LONDO W141LD ENGLAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARTOUNI, NABIL	
1.3 STREET ADDRESS	73 BROOK STREET	
1.4 CITY-ST-ZIP	LONDON W14 1YE	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUTHERLAND, BARBARA	
2.3 STREET ADDRESS	73 BROOK STREET	
2.4 CITY-ST-ZIP	LONDON W14 1YE	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VINOD VAGHADIA	
3.3 STREET ADDRESS	73 BROOK STREET	
3.4 CITY-ST-ZIP	LONDON W14 1YE	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

APRIL 25 1996 (407) 644-7511

Date

Daytime Phone #

CR2E034 (12/95)