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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300008537 (1)

J R B REALTY, INC.

FILED	
Apr 28 1997 8:00am	ì
Secretary of State	

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Principal Piace	ailing Address						,,,,,,	• 1171. 0			
I also in the same of the same			4061 BONITA BEACH								
203 Ronita spring	S FL 33023	203 ROM	UITA SPRIMOS FI SAI	34-4073							
BONITA SPRINGS FL 33923 US			BONITA SPRINGS FL 34134-4073 US			3. Date Incorporated or Qualified 01/26/1993 3a. Date of Last Report 04/19/1996					
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Ť		plied For
21		26				<del> </del>	65-0469296		:		t Applicable
Suite, Apt. i	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		,		dditional quired
City & State	)		City & State				6. Election Campaign Financing		\$5	.00	May Be
23		28		<del></del>			Trust Fund Contribution		Ac	ided to	o Fees
Zip <b>24</b>	Country 25	29	Zıp	Cour 30	itry			Yes 5	No	der s.	199.032,
	9. Name and Address of Curre	nt Regisi	tered Agent				10. Name and Address of New Re	gistered /	Agent		
	ris, charles m				B1	Name					
4061 BONITA BEACH RD #203 BONITA SPRINGS FL 33923						Street A	ddress (P.O. Box Number is Not Acceptab	le)			
					В3						
				ŀ	B4	City			85	Zip C	Code
						-		<u>FL</u>		•	
SIGNATURE	in familiar with, and accept the obli- signified typed or profind name of registered as						corporation submits this statement for the poration's board of directors. I hereby acceptions are stated when reinstating)	DATE			
12.	OFFICERS AI	ND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TOTE	DPT		DELETE	1.1 T(T)	.ŧ	- 1			Ch.	ange	
NAME	MORRIS, CHARLES M			1.2 NA	ΝE	ļ					
STREET ADDRESS	4061 BONITA BEACH RD #20	J3		1.3 STF	EET	ADDRESS					
CHY-S1-ZiP	BONITA SPRINGS FL DVS		C protest	1.4 CIT		r-ZIP			T 05		T Lagran
TITLE	THOMAS, MICHAEL		DELETE	2.1 1(1)					L Ch	ange	Addition
NAME	4061 BONITA BEACH RD			2.2 NA							
STREET ADDRESS	BONITA SPRINGS FL					ADDRESS					
OTY-ST-ZiP TITLE	DOMENT OF THE OWNER OF The		DELETE	2. 4 CT 3.1 TiTl		1-212	7-41	<del></del>	□ Ch	ange	Addition
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
C+1Y+S1+ZIP				3.4. CI							
TITLE			DELETE	4.1 TIT					Ch	ange	Addition
NAME				4. 2 NA	ME	- 1					
STREET ADDRESS				4.3 STF	EE1	ADDRESS					
C TY+S1+24P				4.4 CIT	Y-\$	r-zip					
THILE			☐ DELETE	5.1 TiTi	E	Į			Ch Ch	ange	Addition
NAME				5.2 NA	ME						
STREET ADDRESS				5 3 ST	REFI	ADDRESS					
C-TY - ST - ZIP				5.4 CIT		1-ZIP			110		4 4 100
TITLE .			☐ DELETE	6.1 Tit					Ch	ange	Addition
NAME				62 NA							
STREET ADDRESS				6.3 STI	(BEE	ADDRESS					
CHY-ST-ZIP				6.4 CIT	Y-\$	I - ZIP					

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/22/4

941-992-9161 Daytime Phone #