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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90086 006 ***150.00

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DOCUMENT # **P93000010266**

1. Corporation Name
FBJ OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
711 SW 18TH CT BOYNTON BCH FL 33426 US	711 SW 18TH CT BOYNTON BCH FL 33426 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/04/1993

2. Principal Place of Business	2a. Mailing Address
21 2315 N CONGRESS AV	26 2315 N CONGRESS AV
Suite, Apt. #, etc. 22 #24	Suite, Apt. #, etc. 27 #24
City & State 23 BOYNTON BEACH FL	City & State 28 BOYNTON BEACH FL.
Zip / Country 24 33426 / 25 PALM BEACH	Zip / Country 29 33426 / 30 PALM BEACH

4. FEI Number: 65-0383729 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEARON, BEATRICE A 711 SW 18TH COURT BOYNTON BEACH FL 33426	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2315 N CONGRESS AV 83 #24 84 City: BOYNTON BEACH FL 85 Zip Code: 33426

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEARON, JOHN E 711 SW 18TH COURT BOYNTON BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition ADDRESS ONLY 2315 N CONGRESS AV #24 BOYNTON BEACH FL 33426
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEARON, BEATRICE A 711 SW 18TH COURT BOYNTON BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition ADDRESS ONLY 2315 N CONGRESS AV #24 BOYNTON BEACH FL 33426
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatrice Fearon BEATRICE FEARON 1/19/99 561 364-4362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #