HOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

THE JBS GROUP, INC.

DOCUMENT #

SIGNATURE:



P93000032580

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

99 DEC 27 AMII: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Place of Business Mailing Address					
7040 WEST PA SUITE 118	SUITE_118	ST PALMETTO PARK ROAD 8		-REINSTATEMENT 1999	
"BOCA"RATÒN"	FL 33433	BOCA RATON FL 33433	3. Date Incorporated or Qualified 04/28/1993		
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
17066		26 5/11/08	_		65-0405304 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5, Certificate of Status Desired \$8.75 Additional
i		27			Fee Required
City & State	Raton FC	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 33_	133 25 USA	Zip 29			8. This corporation owes the current year Intangible Personal Property. Yes No
	9. Name and Address of Currer	nt Registered Agent		<u> </u>	10. Name and Address of New Registered Agent
MD4	WOW LABOUT		8	81 Name	
704	KOW, LARRY Y 0 W. PALMETTO PARK RD.		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)
	. 118		8	3	
BOC	CA RATON FL 33433		8	4 City	85 Zip Code
	11			1,	FL `
11. Pursuant office or ragent. I a	to the provisions of sclons 607.050 registered agent, or buth, in the State am familiar with, and accept the oblig		s, the above uthorized by rida Statut	e-named corporates.	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered age	int and title if applicable. (NOT	TE: Registered	Agent signature re	equired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
IAME	KRAKOW, LARRY Y	_	1.2 NAM		
TREET ADDRESS	22181 TRILLIUM WAY		1.3 STRE	ET ADDRESS	
ITY-ST-ZiP	BOCA RATON FL 33433		1.4 CITY-	ST-ZIP	
ITLE	VP	DELETE	2.1 TITLE		Change Addition
IAME	KRAKOW, ROBERT M		2.2 NAMI	<u> </u>	2000030990228
TREET ADDRESS	6916 PALMETTO CIR SOUTH	116	2.3 STRE	ET ADDRESS	-01/14/0001065002
TY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-	ST-ZIP	****750.00 ****750.00
ITLE		DELETE	3.1 TITLE		Change Addition
AME			3.2 NAME		
TREET ADDRESS			3.3 STRE	ET ADDRESS	
ITY-ST-ZIP			3.4 CITY-	ST-ZIP	
TILE		☐ DELETE	4.1 TITLE	·.	Change Addition
IAME			4.2 NAM		••
TREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-		
ITLE		L DELETE	5.1 TITLE		Change Addition
IAME			5.2 NAME		
TREET ADDRESS				ET ADDRESS	
ITY-ST-ZIP			5.4 CITY-	~	
ITLE		DELETE	6.1 TITLE	Ţ	Change L Addition
AME			6.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		Alta Ellin dana - 4 P 44-	6.4 CITY-		ection 119.07(3)(i), Florida Statutes. I further certify that the information
indicated o an officer o	on this annual report or supplemental	l annual report is true and accura aceiver or trustee empowered to	ate and tha	at my signature	es shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears