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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000045809 (9)

J B ENTERTAINMENT, INC.

## FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Busines	Mailing Address				E HADDIANDI LION ORIONO TILLIA BRATIAN ORIANE NODELI REPUTE NODELI ALIANE HOTINI NODINE TODI				
975 RABBIT ROAD		P.O. BOX 1289							
SANIBEL FL 33957		SANIBEL FL 33957							
US		US	US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualific	od		
Delegical Diagnet Customer						06/29/1993			
2. Principal Place of Business		2a, Mailing Address			4. FEI Number			Applied For	
21		26]			65-0435894	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional	
City & State		27 City A City A						Required	
		City & State				6. Election Campaign Financing	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
<b>Z</b> ip	Country	<b>28</b> Zip	I Co.			Trust Fund Contribution			to Fees
	<del></del>	<del>                                     </del>	—	intry		8. This corporation owes or has			
24 Name	25	1 Pegistered Agent	30	7		Personal Property Tax due Ju			L. No
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New	Registered	Agent	
GRIFFITH, ALLAN T.				81	TVALLE				
4575 VIA ROYALE, SUITE 101				82 Street Address (P.O. Box Number is Not Accep					
FORT MYERS							_		
				84	City			<b>65</b> Zip	Code
		·		ΙI			FL	_     `	
11. Pursuant to the provis	sions of Sections 607.050;	2 and 607.1508, Florida State of Florida, Such change was	utes, the at	bove d by	-named co	orporation submits this statement for thr ration's board of directors. I hereby ac	e purpose d	f changing	its registered
agent. I am lamiliar w	ith, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	tutes		ration's board of directors. Thereby ac	cept the app	JUITRE III a	s registered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NO1E: Registered A						quired when reinstating)	DATE		
12,	OFFICERS AND		13.		————	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE P	(0) (1) (0)	☐ DELETE	1111					☐ Change	☐ Addition
	JOHN D.		12 N/	1.2 NAME 1.3 STREET ADDRESS					
	X 1289 N/A		1.3 \$1						
CITY-ST-ZIP SANIBE	LFL			TY-SI	- ZIP				
TITLE		DELETE	2.1 71	TLE				Change	Addition
NAME			2.2 NA	AME					
STREET ADDRESS			2.3 ST	REET	address				
CITY-ST-ZIP			2. 4 C	ITY - S	T-ZIP				
TITLE		☐ DELETE	3.1 TO	TLE				Change	Addition
NAME			3.2 NA	ME					ĺ
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. C	ITY-S	T - ZIP				
TITLE		DELETE	4.1 Til	ΤŁΕ				Change	☐ Addition
NAME			4. 2 N	AME	1				
STREET ADORESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 Ci	TY-ST	- ZIP				
TITLE		☐ DELE <b>TE</b>	5.1 1(1	TLE	[			Change	Addition
NAME			5.2 NA	ME					[
STREET ADDRESS			5.3 ST	REET /	ADDRESS				[
CITY+ST-2IP		-	5.4 01	<u>14 - S</u> T	- ZIP				
TITLE		DELETE	6.1 TIT	ΓLE				☐ Change	Addition
NAME			6.2 NA	ME.					l
STREET ADDRESS			6.3 ST	REET A	ADDRESS				[
CITY-ST-ZIP			6.4 CIT		ľ				
44 1						· · · · · · · · · · · · · · · · · · ·			

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 flustee 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 attachmon with an address.