

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

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May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90086 007 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000007364**

1. Corporation Name  
**J B SALES INC.**

Principal Place of Business  
**1576 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33334  
US**

Mailing Address  
**1576 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33334  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2197 NE 61 CT</b> Suite, Apt. #, etc. 22 <b>FL</b> City & State 23 <b>FT. LAUDERDALE FL</b> Zip Country 24 <b>33308</b> 25 <b>US</b>	2a. Mailing Address 26 <b>2197 NE 61 CT</b> Suite, Apt. #, etc. 27 <b>FL</b> City & State 28 <b>FT. LAUDERDALE FL</b> Zip Country 29 <b>33308</b> 30 <b>US</b>
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3. Date Incorporated or Qualified <b>01/20/1994</b>	Applied For Not Applicable
4. FEI Number <b>65-0460121</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BONER, JOAN D. 1576 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2197 NE 61 COURT</b> 83 <b>FT. LAUDERDALE FL</b> 84 City <b>FL</b> 85 Zip Code <b>33308</b>
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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 *Joan Boner* (NOTE: Registered Agent signature required when reinstating) DATE *4/27/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>2197 NE 61 COURT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BONER, JOAN D</b>		1.2 NAME	
STREET ADDRESS <b>1576 E. COMMERCIAL BLVD.</b>		1.3 STREET ADDRESS <b>FT. LAUDERDALE FL 33308</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33334</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BONER, JAMES E</b>		2.2 NAME	
STREET ADDRESS <b>1576 E. COMMERCIAL BLVD.</b>		2.3 STREET ADDRESS <b>2197 NE 61 COURT</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33334</b>		2.4 CITY-ST-ZIP <b>FT. LAUDERDALE FL 33308</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/27/99 954 351-9136*

CR2E034 (1/98)

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