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 # P94000053580 (4)

JBCC CORP.

2. Principal Place of Business

SIGNATURE:

21

Principal Place of Business		
	Mailing Address	
5408 MING DR ORLANDO FL 32812	5408 MING DR ORLANDO FL 32812	

2a. Mailing Address

26

FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

07/12/1994 4. FEI Number

21		26				_59-3253663	Not Applicable		
Suite, Apt	W, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & State	<u> </u>	City & State				5 Flavior Council of Financia		·	
23	,	28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the cu	irrent year inf	angible	
24	25	29	30			1		Z No	
	9, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent		
RU	ILE, JEFFREY K			81	Name				
5408 MING DR ORLANDO FL 32812				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84	City	Fl	85 Zip (Code	
11. Pursuant t	o the provisions of Sections 607.0	502 and 607, 1508. Florida Sta	tutes, the a	pove	-named corpo	pration submits this statement for the purpose of	of changing it	s registered	
office or re	egistered agent, or both, in the Sta	ite of Florida, Such change wa	as authorize	d by	the corporation	on's board of directors. I hereby accept the ap	pointment as	registered	
	m laminar with, and accept the op-	igations or, section 607.0305,	FIUTUA SIA	iules					
SIGNATURE	Signature, typed or printed name of registered	ngont and little if applicable (N	VOTE: Registere	d Ager	nt signature required	d when reinstating) DATE			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P	☐ DELETE	1.1 Ti	TLE			Change	Addition	
NAME {	rule, Jeffrey K		1.2 N	ame	[
STREET ADDRESS	5408 MING DR		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 0	1TY-51	1 - ZIP				
TITLE		☐ DELETE	2.1 Ti	TLE			Change	Addition	
NAME			2.2 N	AME					
STREET ADDRESS			2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			2.40	ITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 7	TLE			☐ Change	Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP				
TITLE		DELETE	4.1 18	TLE			Change	Addition Addition	
NAME			4.2 N	IAME	1				
STREET ADDRESS			4.3 \$	TREET.	ADDRESS				
CITY-ST-ZIP				(TY - S1	T-ZIP				
TITLE		DELETE 5:		TLE	ļ		Change	Addition	
NAME]			52 N	AME					
STREET ADDRESS			5.3 \$1		ADDRESS				
CITY-ST-ZIP				11Y-S]	T-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE			☐ Change	Addition	
NAME			62 N	AME					
STREET ADORESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP		 		ITY-\$					
14. I hereby o	ertify that the information supplied on this appual report or suppliers	i with this filing does not qualifi ntal annual report is true and r	ly for the exi accurate an	empt d the	tion stated in S at my signature	Section 119.07(3)(i), Florida Statutes. I further of a shall have the same legal effect as if made u	ertify that the	: information at I am an	