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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058516 (3)

JTB GROUP, INC.

Principal Place of Business

SIGNATURE:

1400 SE 17TH TERR UNIT 10 DEERFIELD BEAC FL 33441 US		1400 SE 17TH TERR UNIT 10 DEERFIELD BEAHC MF 33441-7347 US		3. Date Incorporated or Qualified 08/09/1994	3a, Date of Last Report 08/06/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 265 Stederal Huy 26 265 S			Ederel Huy		65-0510039	Not Applicable
Suite, Apt.	r 3	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Deer	Held Beach th	28 Deerfeld	Beach	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33 44	Country 25 USA	29 33441	Country 30	5 A		Yes 🖸 No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name						
BALSAM, JILL T				Name		
1400 SE 17TH TERRACE DEERFIELD BEAHC FL 33441			82	Street Addi	ress (P.O. Box Number is Not Acceptable	le)
			83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above	e-named corp	poration submits this statement for the pu	urpose of changing its registered
office or registered agent, or belly in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the policies of, Section 607.0505, Florida Statutes.						
SIGNATURE M. C. SUECUM 1-7-97						
	Stoy sture, typed or printed name of regulered agent		IE Registered Age	ent signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.	·····	ADDITIONS/CHANGES TO OFFIC	
TITLE	7	☐ DELETE	1.1 TITLE			Change Addition
NAME	BALSAM, JILL T		1.2 NAME			
STREET ADDRESS	1400 SE 17TH TERR		1.3 STREET	ADDRESS		
CITY-ST-ZIP	DEERFIELD EBAHC FL		1.4 CITY - S	T-ZIP		
TITLE	☐ DELETE		2 1 TITLE			Change Addition
NAME			22 NAME			
STREET ADORESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP		
TITLE		L DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CHY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIF			4.4 CITY - S	17 - ZIP		,
TiTLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIF			5.4 CITY - 5	1		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
Sinter Parities			U.3 34NEC	AUUNESS		

14. I do 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 A attachment with an address.

IGNING OFFICER OR DIRECTOR