## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084484 (2	DOCUMENT # 1. Corporation Name	P94000084484	(2)
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J.B.R. INC. OF LAKE WORTH  Principal Place of Business  Mailing Address  4988 OHIO ROAD LAKE WORTH FL 33463  LAKE WORTH FL 33463					
				3. Date Incorporated or Qualified	3a. Date of Last Report
	Place of Business	2a. Mailing Address		11/14/1994 4. FEI Number	04/28/1995
21		26		65-0527784	Applied For
Suite, Apt	. #, @tc.	Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Sta	te	27		5. Certificate of Status Desired	Fee Required
23	-	City & State		6. Election Campaign Financing	\$5.00 u.s.s.
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for it     Florida Statutes	ntangible tax under s 199.032,
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Ro	
DEITOR	A181.A4		81 Name		- Signatura
MEHUK	, Carlos Hio Road		82 Street Add	dress (P.O. Box Number is Not Acceptabl	2)
	ORTH FL 33463		LL		-) 
LAKE II	Onin FL 33453		83		
•			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508. Florida Statutos	the above payed con-	pration submits this statement for the purp	<b></b>
or register familiar wi	red agent, or both, in the State of Fi ith, and accept the obligations of S	lorida. Such change was authorized	i by the corporation's boa	pration submits this statement for the purp ard of directors. I hereby accept the appo	ose of changing its registered office
SIGNATURE				, , , , , , , , , , , , , , , , , , , ,	and the state of t
12.	Signature, typed or printed name of registered a		Registered Agent signature requir	ed when reinstatinal	
TITLE	OFFICERS ,	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
NAME	REITOR, CARLOS	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	4988 OHIO ROAD		1.2 NAME		-
CITY-SI-ZIP	LAKE WORTH FL 33463		1.3 STREET ADDRESS		
THILE	DATE VIOLITY IE 50405	DELETE	1.4 Cily - ST - 2(F		
NAME		[] beerie	2 1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		ŀ
TITLE		DELETE	3 1 111LF		
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			34 CITY-ST-ZIP		}
NAME		☐ DELETE	4.1 Trile		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		İ
TITLE		DELETE	4.4 CITY - ST - ZIP		
NAME		T DEFERE	5 1 THILE		Change Addition
STREET ADDRESS			52 NAME		
CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELEIE	6 1 TITLE		
NAME			6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP					
I do hereby	certify that the information supplied	with this filing is voluntarily furnished	d and does not qualify to	r the everentian of the control of t	

certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further eath; 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 attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR CARLOS REITOR 1/28/96 407-641-8258

CR2E034 (12/95)