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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000002028 (5)

JBJ ASSOCIATES, INC.

Principal Place of Business	Mailing Address		1 1001/1001/110 (01/01 DICE) OCINI OCINI OCINI OCINI OCINI	
1957 SULTAN CIRCLE OVIEDO FL 32768	1957 SULTAN CIRCLE OVIEDO FL 32768-8429			
			3. Date Incorporated or Qualified	3a. Date of Last Report
			01/06/1995	04/19/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		58-2150002	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
24 25		30		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
TIEBEN, BERT A		VI IVAII		
1957 SULTAN CIRCLE		82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)	
OVIEDO FL 32768		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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				
Signature, typed or printed name of registered ages	and title if applicable. (NOTE	L: Registured Agent signa	ture required when reinstating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE PD	☐ DELETE	1.1 TITLE		Change Addition
NAME TIEBEN, JEWEL A		1.2 NAME		·
STREET ADDRESS 1957 SULTAN CIRCLE		1,3 STREET ADDRES	S	
CITY-ST-ZIP OMEDO FL	Dr. crr	1.4 CITY - ST - ZIP		Change Addition
TITLE VSDT	☐ DELETE	2.1 TITLE		Change L Addition
NAME TIEBEN, BERT A		2.2 NAME		
STREET ADDRESS 1957 SULTAN CIRCLE		2.3 STREET ADDRES	SS	
CITY-SI-ZIP OVIEDO FL	DELETE	2. 4 CITY - S1 - ZIP		Change Addition
TITLE	ר הנונונ	3.1 TITLE		onange nonnon
NAME STREET ADDRESS		3.2 NAME 3.3 STREET ADDRES		· • `
STREET ADDRESS			22	
CITY-ST-ZIP	DELETE	3.4. CHY-S1-ZIP 4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRES	22	
•		4.4 CITY-ST-ZIP	~	
CITY-ST-ZIP TITLE	DELETE	51 TITLE		Change Addition
NAME		5 2 NAME	<i>'</i>	
STREET ADDRESS		5.3 STREET ADDRES	ss	
CITY-ST-ZIP		5.4 CITY-S1-ZIP		
TITLE	DELETE	61 TITLE		Change Addition
NAME		G 2 NAME		
STREET ADDRESS	,	6 3 STREET ADDRES	ss	

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