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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000013966

1. Corporation Name

JBJ ENTERPRISES, INC.

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90142 012 \*\*\*150.00



							, <b>, , , , , , , , , , , , , , , , , , </b>		
Principal Place	e of Business	Mailing Address			_	1 18811881 138 18161 8111 8811 8811	1 EBIN BBIBI	************************	38 B3118 B111 1881
400 AUSTRALIAN AVE. SOUTH. #100 400 AUSTRALIAN AVE. SOUTH. WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401						DO NOT WRITI	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed 02/17/1995			
Principal Place of Business     2a. Mailing Address						4. FEI Number		A	opplied For
21 26			<del></del>			65-0557087			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, et 27						5. Certificate of Status Desired			Additional Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip 24	Country Zip Country 25 29 30			ntry		This corporation owes the curre     Personal Property Tax.		Yes	XSNo
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			_	10. Name and Address of New Ro	egistered	Agent	
MEANIE MENICOA A				81	Name	•			
KEANE, MELISSA A 400 AUSTRALIAN AVE. SOUTH, #100				82	Street Addres	ddress (P.O. Box Number is Not Acceptable)			
WES	T PALM BEACH FL 33401		[	83					
ĺ	•		ļ-	84	City		FL	85 Zip	Code
	to the provisions of Sections 607.050	0 d CO7 4500 Florido Ctobato	a tha ah		nomed corner	rotion cultimite this statement for the r		changing if	ts registered
office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thonzed	by tr	he corporation	i's board of directors. I hereby accept	the appoi	ntment as r	registered
SIGNATURE	<u> </u>						DATE		\
	Signature, typed or printed name of registered ager	, , , , , , , , , , , , , , , , , , ,		Agent	signature required v	ADDITIONS/CHANGES TO OFF		ID DIRECT	ORS IN 12
12.	PS OFFICERS AN	D DIRECTORS DELETE	13.	F	<del></del>	ADDITIONS/CHANGES TO OFF	ICENS AN	Change	
NAME	KEANE, MELISSA A	<u></u>	1.2 NAM			•			
	400 AUSTRALIAN AVE. SOUTH	#100			ADDRESS	•			}
STREET ADORESS	WEST PALM BEACH FL 33401	, # 100	1.4 CIT				•		
CITY-ST-ZIP TITLE	WEST TALM BEASTITE SONST		2.1 TITL		-21			Change	Addition
NAME			2.2 NAM						J
·		•			ADDRESS	•			Ì
STREET ADDRESS			2. 4 CIT						. 1
CITY-ST-ZIP TITLE	DI		_	31 TITLE				Change	Addition
NAME	. <b>∮</b>		3.2 NA						
STREET ADDRESS					ADORESS				ļ
CITY-ST-ZIP			3.4. CIT			•			
TITLE		☐ DELETE	4 1 TITL				-	☐ Change	Addition
NAME ·			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET	ADDRESS				}
CITY-ST-ZIP	•		4.4 CIT	Y-ST-	ZIP		······		
TITLE		☐ DELETE	5.1 TITI	LE		· ·		Change Change	e 🔲 Addition
NAME	•		5.2 NA			•			ļ
STREET ADDRESS	•				ADDRESS				}
CITY-ST-ZIP			5.4 CIT		ZIP				
TITLE		☐ DELETE	6.1 ππ					☐ Change	e 🔲 Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS	•			
I	ı		64 CIT	V. ST.	.71P				i

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 chapted, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**