

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 # P95000028628 (2)

1. Corporation Name

JAKOBOWSKI & BLOCK INDUSTRIAL, INC.



Principal Place of Business

Mailing Address

741 WEST 26TH STREET
HIALEAH FL 33010

741 WEST 26TH STREET
HIALEAH FL 33010

3. Date Incorporated or Qualified

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 757 W. 26 Street

26 757 W. 26 Street

4. FEI Number

Applied For

65-0572519

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

23 Hialeah, FL

28 Hialeah, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

33010

USA

29 Zip

30 Country

33010

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, JEFFREY S
110 S.E. SIXTH STREET
28TH FLOOR
FT. LAUDERDALE FL 33301

81 Name

DONNA L. DANIELS BLOCK

82 Street Address (P.O. Box Number is Not Acceptable)

332 S.W. 184 Way

83

84 City

Pembroke Pines

FL

85 Zip Code

33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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

Donna L. Daniels Block

Donna L. Daniels Block

Jan. 18, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAKOBOWSKI, WALTER	
STREET ADDRESS	741 W. 26TH ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOCK, WILLIAM	
STREET ADDRESS	741 W. 26TH ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	757 W. 26 Street	
2.4 CITY-ST-ZIP		
3.1 TITLE	D/VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID LACROIX	
3.3 STREET ADDRESS	757 W. 26 Street	
3.4 CITY-ST-ZIP	Hialeah, FL 33010	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby 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 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 an attachment with an address.

SIGNATURE:

William H. Block

William H. Block
President

1/18/96

305-885-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)