

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000048046 (3)**

1. Corporation Name

**JEBBE INVESTMENT CLUB, INC.**



Principal Place of Business

**9661 N.W. 39TH COURT  
COOPER CITY FL 33024**

Mailing Address

**9661 N.W. 39TH COURT  
COOPER CITY FL 33024**

3. Date Incorporated or Qualified

**06/20/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

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

**KISSANE, JOSEPH T  
200 SOUTH BISCAYNE BLVD.  
SUITE 3500  
MIAMI FL 33133**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and date of appointment)

(If the Registered Agent signature is required when filing)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D KISSANE, WILLIAM**  
STREET ADDRESS **9661 N.W. 39TH COURT**  
CITY-ST-ZIP **COOPER CITY FL 33024**

TITLE ☐ DELETE  
NAME **D KISSANE, JOHN F**  
STREET ADDRESS **34 LEXINGTON AVE.**  
CITY-ST-ZIP **LANDOWN PA 33024**

TITLE ☐ DELETE  
NAME **D KISSANE, EDWARD P**  
STREET ADDRESS **18 DEIL LANE**  
CITY-ST-ZIP **WANTAUGH NY 11293**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addit on  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addit on  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addit on  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addit on  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addit on  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addit on  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**200001845372**  
**-05/31/96--01018--005**  
**\*\*\*200.00**

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 it were 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William J. Kissane*  
Date: **April 26, 1996** 14380738  
Daytime Phone: **951**

CR2E034 (12/95)