

**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 # **P95000084607 (7)**

1. Corporation Name  
**J & S OF WEST BOCA, INC.**



Principal Place of Business: **1600 NW 100TH WAY PLANTATION FL 33322**  
Mailing Address: **1600 NW 100TH WAY PLANTATION FL 33322**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

3. Date Incorporated or Qualified: **10/31/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0628950**  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$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  
**ALFANO, JOSEPH C  
1600 NW 100TH WAY  
PLANTATION FL 33322**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0532 and 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALFANO, JOSEPH C	
STREET ADDRESS	1600 NW 100TH WAY	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BISCOTTO, SERGIO	
STREET ADDRESS	1600 NW 100TH WAY	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALFANO, GRAZIELLA	
STREET ADDRESS	1600 NW 100TH WAY	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
43 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
52 STREET ADDRESS	
53 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
62 STREET ADDRESS	
63 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph C. Alfano* **JOSEPH C. ALFANO** 3/12/96 954-749-1035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)