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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



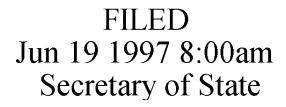
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600007173 (3)

J & B COMMUNITY MANAGEMENT, INC.

Principal Place of Business Mailing Address





8899 SAN CASA DR. O-1 ENGLEWOOD FL 34224		6699 SAN CASA DR. C-1 ENGLEWOOD FL 34224-7602				
					<ol> <li>Date Incorporated or Qualified 01/19/1996</li> </ol>	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Addre	88		4. FEI Number	Applied For
21		26			65-0641448	
Sulte, Apt. #		Suite, Apt. #,   27	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	<b>Z</b> ip <b>29</b>	30	ountry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, <b>3-</b> Yes □ No
	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Re	gistered Agent
HORE	KY, JANICE R			81 Name		
6699 SÂN CASA DR, Q-1				82 Street	Address (P.O. Box Number is Not Accepta	ole)
ENGL	EWOOD FL 34224			83		
				03		
				84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607	0502 and 607 1508. Florid	a Statutes, the	above-named	corporation submits this statement for the	ourpose of changing its registere
office or re	paistered agent, or both, in the St	tate of Florida. Such chanc	ie was authoria	red by the con	poration's board of directors. I hereby acce	pt the appointment as registered
-	n familiar with, and accept the of	ongations of, Section 607.0		iatules.		
SIGNATURE	Signature, typed or pented name of registeres	d agent and life if applicable	(NOTE Registe	ered Agent signature	required when reinstating)	DATE
12.		AND DIRECTORS	13	,	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE		☐ DEI	.ETÉ 1.1	100	P	Change 🔼 Addition
NAME			1.2	NAME	Robert Fugett 6699 SAN CASA Dr. BLAJ ENGLEWOOD JFL. 3422	6-1
STREET ADDRESS			13	STREET ADDRESS	6699 SAN CASA P. 600)	, <del>.</del>
CITY-ST-ZIP			14	CITY-ST-7IP	Englewood /FL, 3422	<i>.</i>
TITLE		☐ DEL	ETE 2.1	THE		Change Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREET ADDRESS		
CITY-ST-ZIP				4 CITY - SI - ZIP		Change Addition
TITLE		L. DEI		TITLE		Change Addition
NAME expect abonese				NAME		
STREET ADORESS				STREET ADDRESS I. CHTY-ST-7IP		
CITY-ST-ZIP TITLE		DEI		TITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ DEI		THE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-7IP		
TITLE		☐ DEI	.ETE 6.1	TITLE		Change Addition
NAME			6.2	NAME		
STREET ADDRESS			6.3	STREET ADDRESS		
CITY-ST-ZIP			6.4	CITY-ST-ZIP		

14. 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 Statules, 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.