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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019932 (8)

J.B.I.D., INC.

Principal Place of Business

SIGNATURÉ

911 S. PANSONS AVE., STE. H

Mailing Address

911 S. PARSONS AVE., STE, H BRANDON FL 33511-6042

FILED Apr 01 1997 8:00

Apr 01 1997 8:00am Secretary of State



BRANDON FL 33511			BRANDON FL 33511-6042					
						3. Date incorporated or Qualified 03/01/1996	3a. Date of Last F	Report
2. Principal Pla	ce of Business	_		g Address	_	4. FEI Number		oplied For
517	W/161	3/R 57	7 · 26 P.	O. Bo	X 2613	59 3363 22	O N	ot Applicable
Suite, Apt. #,	NDON	FL	27 Suite,	Apt. #, etc.	N FC	5. Certificate of Status Desired	,	Additional equired
City & State 33 5	7/	USA	City 8	State 509 - 2	1613 4/51	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	25	Country	Zip 29		Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s	. 199.032,
		Address of Curre		Agent	1231	10. Name and Address of New Re		
REHA	, JON JR.			Ti	81 Name			
911 8	S. PARSONS	AVE., STE. H			82 Street A	ddress (P.O. Box Number is Not Acceptal	ole)	······································
BRAN	IDON FL 335	11			83 51	17 WILBUR S	\$7.	
					63			
					84 City	204/201	FL 85 3	Code 55//
11. Pursuant to	the provisions	of Sections 607.050	02 and 607.150	8. Florida Statu	tes, the above-named of	corporation submits this statement for the	ourpose of changing	ts registered
office or rec	gistered agent	or both, in the State	Florida Suc	chichange was	authorized by the corpo	oration's board of directors. I hereby acce	pt the appointment as	registered
- 1				011 007.0000, 71	Sala State of Sala Care	SEHP DE TROCK	DE 15 3	26-97
SIGNATUR	Ignature, Cod of pri	nte i nanie of registered ag	ent and tip. I applica	ible [NO	E: Registered Agent signature re	· · · · · · · · · · · · · · · · · · ·	DATE	
12.	し	OFFICERS AN	ID DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
TITLE	DP			DELETE	1.1 TITLE		Change	L. Addition
	BEHR, JON			DELETE	1.1 TITLE 1.2 NAME		Change	
TITLE	BEHR, JON 911 S. PARS	SONS AVE., STE.	Н	DELETE		517 WILBUR ST.		L_I AGGIIION
TITLE NAME STREET ADDRESS C-TY - ST - ZIP	BEHR, JON	SONS AVE., STE.	Н		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		3 <i>511</i>	
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TITLE  NAME  STREET ADDRESS  C-TY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	BEHR, JON 911 S. PARS	SONS AVE., STE.	H	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	517 WILBUR ST. BRANDON, CC B	3611 Change	Addition
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