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

FILED
97 OCT 15 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000051387 (4)

1. Corporation Name
J & B SECURITIES, INC.

Principal Place of Business
120 BROADWAY AVE
SUITE 306
KISSIMMEE FL 34741

Mailing Address
120 BROADWAY AVE
SUITE 306
KISSIMMEE FL 34741-5706

3. Date Incorporated or Qualified: **06/14/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 672 Semoran Blvd North
Suite, Apt. #, etc.
22 302
City & State
23 Orlando FL
Zip 24 33807 Country 25 USA

2a. Mailing Address
26 672 Semoran Blvd North
Suite, Apt. #, etc.
27 302
City & State
28 Orlando FL
Zip 29 33807 Country 30 USA

4. FEI Number 59-3397001 ☐ Applied For ☐ Not Applicable

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
JEFFREY, LILLIAN
120 BROADWAY AVE
SUITE 306
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent
81 Name: John C. Kirchner
82 Street Address (P.O. Box Number is Not Acceptable): 672 N. Semoran Blvd
83 suite 302
84 City: Orlando FL 85 Zip Code: 33807

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: Lillian Jeffrey
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE: 8/20/97

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	JEFFREY, LILLIAN
STREET ADDRESS	120 BROADWAY AVE
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	D ☑ Change ☐ Addition
1.2 NAME	John C. Kirchner
1.3 STREET ADDRESS	672 Semoran Blvd North suite 302
1.4 CITY-ST-ZIP	Orlando FL 33807
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	600002321216--4
4.3 STREET ADDRESS	-10/15/97--01091--011
4.4 CITY-ST-ZIP	****558.75 ****558.75
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] 08/20/97

CR2E034 (9/96)