


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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000051882 (4)**

1. Corporation Name
JJ BABEZ, INC.



Principal Place of Business 10 LARWOOD DRIVE ROCHESTER NY 14618	Mailing Address 10 LARWOOD DRIVE ROCHESTER NY 14618-4722
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3. Date Incorporated or Qualified 06/18/1996	3a. Date of Last Report 6-3-96
4. FEI Number 59-3381768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 XXXXXXXXXX Suite, Apt. #, etc. 22 XXXXXXXXXX City & State 23 XXXXXXXXXX Zip Country 24 XXXXXX 25 XXXXXX	2a. Mailing Address 26 XXXXXXXXXX Suite, Apt. #, etc. 27 XXXXXXXXXX City & State 28 XXXXXXXXXX Zip Country 29 XXXXXX 30 XXXXXX
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9. Name and Address of Current Registered Agent

**CLOUTIER, JOHN F
212 FLORIDA SHORES BLVD.
DAYTONA BEACH SHORES FL 32118**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	CLOUTIER, WILLIAM M
STREET ADDRESS	10 LARWOOD DRIVE
CITY - ST - ZIP	ROCHESTER NY 14618
TITLE	DS <input type="checkbox"/> DELETE
NAME	CLOUTIER, ADELE L
STREET ADDRESS	10 LARWOOD DRIVE
CITY - ST - ZIP	ROCHESTER NY 14618
TITLE	DV <input type="checkbox"/> DELETE
NAME	CLOUTIER, JOHN F
STREET ADDRESS	212 FLORIDA SHORES BLVD.
CITY - ST - ZIP	DAYTONA BEACH SHORES FL 32118
TITLE	VD <input type="checkbox"/> DELETE
NAME	CLOUTIER, JUDY N
STREET ADDRESS	212 FLORIDA SHORES BLVD.
CITY - ST - ZIP	DAYTONA BEACH SHORES FL 32118
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007144

CR2E034 (9/96)