

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 # P96000058796 (9)

1. Corporation Name

JBA MOTOR COMPANY, INC.

Principal Place of Business

812 NORTH WEST FIRST STREET
FORT LAUDERDALE FL 33311

Mailing Address

812 NORTH WEST FIRST STREET
FORT LAUDERDALE FL 33311-8004

3. Date Incorporated or Qualified
07/15/1996

3a. Date of Last Report

4. FEI Number

☒ 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

2. Principal Place of Business

21 1030 South Federal Hwy

2a. Mailing Address

26 711 NE 71 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Pompano Bch, FL

28 Boca Raton FL

Zip

Country

Zip

Country

24 33062

25 USA

29 33487

30 USA

9. Name and Address of Current Registered Agent

BEN-ARI, JACOB
812 NORTH WEST FIRST STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

BEN-ARI, JACOB

82 Street Address (P.O. Box Number is Not Acceptable)

711 NE 71 Street

83

84 City

Boca Raton FL

85 Zip Code 33487

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GERSHWIN, BERTHA
STREET ADDRESS 812 NORTH WEST FIRST STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE C
NAME BEN-ARI, JACOB
STREET ADDRESS 711 N.E. 71 STREET
CITY-ST-ZIP BOCA RATON FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1030 South Federal Hwy
1.4 CITY-ST-ZIP Pompano Bch, FL 33062

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0268951

FILED
May 08 1997 8:00am
Secretary of State



CR2E034 (9/96)