

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

DOCUMENT # P96000077985 (5)

1. Corporation Name
JCB INVESTMENTS, INC.



Principal Place of Business: **3567 NORTHEAST 168 STREET NORTH MIAMI BEACH FL 33160**

Mailing Address: **3567 NORTHEAST 168 STREET NORTH MIAMI BEACH FL 33160-3560**

3. Date Incorporated or Qualified: **09/19/1996**

3a. Date of Last Report

2. Principal Place of Business: **901 N UNIVERSITY AVE**

2a. Mailing Address: **901 N UNIVERSITY # 65-0721314**

21. City & State: **PEMBROKE PINES FL**

22. Suite, Apt. #, etc.

23. City & State: **PEMBROKE PINES FL**

24. Zip: **33024**

25. Country

26. City & State: **PEMBROKE PINES FL**

27. Suite, Apt. #, etc.

28. City & State: **PEMBROKE PINES FL**

29. Zip: **33024**

30. Country

4. FEI Number: **65-0721314**

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name: **CHARLES J CHIERICO**

82. Street Address (P.O. Box Number is Not Acceptable): **901 N UNIVERSITY DR**

83.

84. City: **PEMBROKE PINES FL**

85. Zip Code: **33024**

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]* **PRESIDENT** DATE: **3/25/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHIERICO, CHARLES J	
STREET ADDRESS	3567 NORTHEAST 168 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, BARBARA L	
STREET ADDRESS	3567 NORTHEAST 168 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHIERICO, JOELLE L	
STREET ADDRESS	3567 NORTHEAST 168 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33160	
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, or on an attachment with an address.

SIGNATURE: *[Signature]* **PRESIDENT** DATE: **3/25/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)