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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077985 (5)

JCB INVESTMENTS, INC.

FILED
May 08 1998 8:00am
Secretary of State

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Principal Plac	e of Business	Mailing Address				F CONTINUE EIM IMAFA MITTE MAINT MATTE MATEL	MALLE SAMIS SA		IIOI OIN IOS
901 N. UNIVERSITY DR 901 N. UNIVERSITY DR			j						
PEMBROKE FL 33024			PEMBROKE PINES FL 33024		DO NOT WOITE IN	TUIC CO	.05		
US		us				DO NOT WRITE IN 3. Date Incorporated or Qualified	11115 517	ICE .	
						09/19/1996			
2. Principal P	lace of Business	2a. Mailing Addres	SS .			4. FEI Number		T. Ar	oplied For
21		26				65-0721314			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.						Additional
22		27				5. Certificate of Status Desired	□ ·	•	equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				• • •			to Fees
Zip	Country	7ip	Cou	intry		8. This corporation owes or has paid	the curren	t year Int	angible
24	25	29	30			Personal Property Tax due June 3	D 23	res [] No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regi	stered Age	ent	
Cł	HIERICO, CHARLES J			81	Name				j
90	1 N. UNIVERSITY DR			82	Street A	Address (P.O. Box Number is Not Acceptable)		
PE	MBROKE PINES FL 33024								
				83					
				B4	City	· · · · · · · · · · · · · · · · · · ·		5 Zip	Code
				اتا	City		FL	2 p	Cone
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the a	bove	named o	corporation submits this statement for the pur	pose of ch	anging i	ts registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change ations of, Section 607.05	e was authorize 505, Florida Stal	a by lutes	the corp	oration's board of directors. I hereby accept	the appoin	tment as	registered
SIGNATURE	Chul Ch		PRESIBE			4/	29/	28	
- SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE Registere	d Age	nt signature r	required when reinstating)	DATE	·	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	☐ DELE	TE 1.1 TO	TLE	}		L	Change	Addition
NAME	CHIERICO, CHARLES J		1.2 N/	4ME					
STREET ADORESS	3567 NORTHEAST 168 STRE		1.3 \$1	TAEET	ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		1.4 CI	TY-S	I · ZiP				
TITLE	STD	☐ DELE	TE 2.1 TI	TLE	Ì		Ĺ	Change	Addition
NAME	CHIERICO, JOELLE L		2.2 N	AME					
STREET ADDRESS	3567 NORTHEAST 168 STRE		2.3 \$1	IREET	ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		2.40	ITY - S	T-2IP				
TITLE		☐ DELE	TE 3.1 TE	TLE				Change	Addition
NAME			3.2 N	AME	- 1				1
STREET ADDRESS			3.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			3 4. C	₹TY-S	T - ZIP				
TITLE		DELE	TE 4.1 TI	TLE				Change	Addition
NAME			4.2 N	IAME)				ļ
STREET ADDRESS			4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY - S	r-ZIP				
TITLE		DELE	TE 5.1 TI	TLE				Change	Addition
NAME			5.2 N	AME	ļ				J
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	_		5,4 CI	1 Y - S1	1- 2 1P		_		İ
TITLE		DELE	TE 6.1 TI	TLE				Change	Addition
NAME			6.2 NJ	AME	J				
STREET ADDRESS			6.3 \$1	REET	address				
CITY-\$T-ZIP			6 4 C						
	certify that the information supplied wi	ith this filing does not a				d in Section 119.07(3)(i), Florida Statutes. I fu	ther certify	that the	information

indicated on this annual report or supplies even that I may does not quality for the exemption stated in Section 1.19.07(3)(j), Florida Statutes. Further certify that the information indicated on this annual report or supplieriental 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 chapter 6, or on an attachment with an address.

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4/29/98 954-961-823