

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

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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081341 (5)

1. Corporation Name

JBP & CO., INC.

Principal Place of Business

Mailing Address

535 NW 1<sup>st</sup> AVE  
FT LAUDERDALE FL  
33301

535 NW 1<sup>st</sup> AVE  
FT LAUDERDALE FL 33301



2. Principal Place of Business

21 535 N.W. 1<sup>st</sup> AVE

Suite, Apt. #, etc.

22

City & State

23 FT LAUDERDALE FL

Zip

33301

Country

25 Broward

24

2a. Mailing Address

26 535 NW 1<sup>st</sup> AVE

Suite, Apt. #, etc.

27

City & State

28 FT LAUDERDALE FL

Zip

33301

29

Country

30 Broward

31

3. Date Incorporated or Qualified  
10/01/1996

3a. Date of Last Report

4. FEI Number

65-0699318

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

JOSEPH PONTECORVO  
9358 KETAY CIRCLE S.  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name JOSEPH PONTECORVO  
82 Street Address (P.O. Box Number is Not Acceptable)  
9358 KETAY CIRCLE S.  
83  
84 City BOCA RATON FL FL 85 Zip Code 33428

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

JOSEPH PONTECORVO President Joseph Pontecorvo

4-10-97

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 PSTD  
NAME PONTECORVO, JOSEPH B  
STREET ADDRESS 9358 KETAY CIRCLE SOUTH  
CITY-ST-ZIP BOCA RATON FL 33428

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

JOSEPH PONTECORVO President Joseph Pontecorvo

4-10-97

954 467-3838

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)