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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081705

JRB MARKETING OF SOUTH FLORIDA, INC.

ORE CO. CONCEDED AVENUE
975 SO CONGRESS AVENUE
DELRAY BEACH FL 33445
DEPUTE DEVOLUTE DOLLA

Principal Place of Business

Mailing Address

975 SO CONGRESS AVENUE DELRAY BEACH FL 33445

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90175 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

					10/02/1996		
2. Principal Pl	Place of Business 2a. Mailing Address				4. FEI Number Ap	olied For	
21	26				65-0720791 No	Applicable	
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·			E Contiferto of Status Desired	\$8.75 Additional Fee Required		
	City & State City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fe		•	
Zip Country Zip			Country		8. This corporation owes the current year Intangible		
24	25	29 30	_	•		□No	
24]	9. Name and Address of Current		-		10. Name and Address of New Registered Agent		
BERGMANN, JOSEPH 975 SO CONGRESS AVENUE				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33445				83			
ULU	NATI DESCRIPTE GOARD		Ľ				
			8	4 City	FL 85 Zip C	Code	
office or n	egistered agent, or both, in the State on mailiar with, and accept the obligation	of Florida. Such change was autrions of, Section 607.0505, Florid	orized b a Statute	y the co ss.	ed corporation submits this statement for the purpose of changing its proporation's board of directors. I hereby accept the appointment as required when reinstalion. DATE	registered jistered	
	Signature, typed or printed name of registered agent		•	jent signatu	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	9S IN 12	
12.	OFFICERS ANI	D DELETE	13.		Change	Addition	
TITLE	D DEPOSTANTA ISSERT	Deterie	1.2 NAME			_	
NAME	BERGMANN, JOSEPH				·		
STREET ADDRESS	0,000		1,3 STREET ADDRESS		SSS .		
CITY-ST-ZIP	DELRAY BEACH FL 33445	- Delete	1.4 CITY		Change	Addition	
TITLE		☐ DELETE	2.1 TITLE				
NAME			2.2 NAMI				
\$TREET ADDRESS	238		2.3 STRE	ET ADDRE	ESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		Change	Addition	
TITLE	DELETE 3.1 TI		3.1 TTLE				
NAME	•		3.2 NAM	Ē			
STREET ADDRESS	•		3.3 STRE	ET ADDRE	ess		
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE	<u>:</u>	Change	☐ Addition	
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADORE	ESS		
CITY-ST-ZIP	•	A44477.1	4.4 CITY	-ST-ZIP			
TITLE			5.1 TITLE		Change	Addition	
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRE	ESS		
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAM	E			
STREET ADDRESS		_	6.3 STRE	ET ADDRE	ESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	,		
44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر المرابع المر	th this filing does not qualify for th		ntion eta	ated in Section 119 07(3)(i). Florida Statutes, I further certify that the in	formation	

In nereby certify that the information supplied with this falling does not quality for the exemption stated in Section 119.07(3)(1). 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 of 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, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OF PRECTOR

77/77 561-265-3600 Date Daytims Phone #

CR2E034 (11/98)