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

**PROFIT** CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000085175 (3) DOCUMENT # 1. Corporation Name

JB GROUP, INC.

Principal Place of Business Mailing Address 1531 SOUTHEAST 15 STREET, APT 1 1531 SOUTHEAST 15 STREET, APT 1 FORT LAUDERDALE FL 33318-2733 FORT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1996 **FEI Number** 2. Principal Place of Business 2a. Mailing Address Applied For 65-*0*20 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED Builde 343 ALMERIA AVENUE Street Address (P.O. Box Namber is Not Acceptable) 62 CORAL GABLES FL 33134 63 LAUDZEDNE and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered though of the corporation o 11. Pursuant to the provisions of Sections 607.0 office or registered agent, of agent. I am familiar with, and both, in the Dulueze <u>ጜ-ፄ-</u>ዓን SIGNATURE nt signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSTD DELETE Change Addition TITLE 1.1 TITLE BUTLER, JOHN F NAME 1.2 NAME 1531 SOUTHEAST 15 STREET, APT 1 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 1.4 CITY - ST- ZIP City-St-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CUTY-ST-7IP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THEF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CUTY - ST-- ZIP 3.4. CITY-ST-ZIP DELETE Change Addition THLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST- 2IP 4.4 City-St-ZiP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change THILE 6.1 TITLE NAME 62 NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP CHY-ST 20 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 path; that I am an officer or director of the cohoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

achment with an addre

5.8.97

954-524-2nu