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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100672

Principal Place of Business

JEB INVESTMENTS AND HOLDING COMPANY II

602 SARASOTA SARASOTA FL US		602 SARASOTA QUAY SARASOTA FL 34236 US			DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 12/11/1996	S SPACE	
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 26		26	26		NOT APPLICABLE	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional	
22		27					equired
City & State		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip			Country		8. This corporation owes the current year li		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	-
COE	RPORATION SERVICE COMPANY	•	"	Ivaine			
1201 HAYS STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525			83			. 28 11 5 16 E	
			84	City			Code
					F:		
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by t	he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appe	of changing its pintment as re	registered egistered
_	m familiar with, and accept the obliga	ations of, Section 607.0505, Fibri	da Statutes.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agent	signature required	d when reinstating) . DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BARROWS, JACK E		1.2 NAME				•
STREET ADDRESS	5209 FAR OAK CIR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST	-ZIP			·
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	2.4		3.3 STREET	ADDRESS	5 S 12 WAY 11 WAY 1	ម្រាស់ ដែលជា ន ា	interes of the
CITY-ST-ZIP	AC 4.79		3.4. CITY-ST	- ZIP		Sec. 15.	
TITLE		☐ DELETE	4.1 TITLE		The state of the s	Change	∴ (Addition
NAME			4. 2 NAME				1
STREET ADDRESS	÷		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4,4 CITY-ST	-ZIP			
TITLE			-				Addition
		☐ DELETE	5.1 TITLE	I .		Change	
NAME		☐ DELETE	5.1 TITLE 5.2 NAME			∐ Change	
NAME STREET ADDRESS		☐ DELETE		ADDRESS		∐ Change	
STREET ADDRESS	(* 5	☐ DELETE	5.2 NAME			Change	
	\$ C.	☐ DELETE	5.2 NAME 5.3 STREET			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET 5.4 CITY-ST			· 1.	Addition .

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90003 043 ***150.00