

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000013037 (1)

1. Corporation Name

J & B CASE MANAGEMENT, INC.

Principal Place of Business

4400 W SAMPLE ROAD, SUITE 114  
COCONUT CREEK FL 33073

Mailing Address

4400 W SAMPLE ROAD, SUITE 114  
COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

65 0730793

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 400 Executive Center Dr  
Suite, Apt. #, etc.

22 # 107

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

29 Zip

30 Country

31 Country

9. Name and Address of Current Registered Agent

KENNETH LIEBERMAN C.P.A.  
4400 W SAMPLE ROAD, SUITE 114  
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name

John Santiago

82 Street Address (P.O. Box Numbers Not Acceptable)

339 Walton Blvd.

83 City

84 City

West Palm Beach

FL

85 Zip Code

33405

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

John Santiago

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME WOLKOVICH, LENORE  
STREET ADDRESS 3101 PORT ROYAL BLVD., #435  
CITY-ST-ZIP FT. LAUDERDALE FL 22208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME John Santiago  
1.3 STREET ADDRESS 339 Walton Blvd  
1.4 CITY-ST-ZIP W.P.B FL 33405

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

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

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

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

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

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.

SIGNATURE: John Santiago

CR2E034 (10/97)