

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 # P97000016160

1. Corporation Name  
JBS ADVISORS, INC.

Principal Place of Business  
1900 Summit Tower Blvd.  
Suite 450  
Orlando, FL 32810

Mailing Address  
1900 Summit Tower Blvd.  
Suite 450  
Orlando, FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/97	
4. FEI Number 59-3433993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 1 Suite, Apt. #, etc. 3 City & State 3 Zip Country	2a. Mailing Address 26 215 North Eola Drive 27 Suite, Apt. #, etc. 28 Orlando, Florida 29 Zip Country
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9. Name and Address of Current Registered Agent

W. Michael Clifford, Esquire  
215 North Eola Drive  
Orlando, Florida 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVPT	Clifford, W. Michael <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 Summit Tower Blvd.	1.2 NAME	
STREET ADDRESS	Suite 450	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32801	1.4 CITY-ST-ZIP	
TITLE DP	Dan Jaworski <input type="checkbox"/> DELETE	2.1 TITLE DVPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1900 Summit Tower Blvd.	2.2 NAME	
STREET ADDRESS	Suite 450	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32810	2.4 CITY-ST-ZIP	
TITLE DVPS	Pablo Salas <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 Summit Tower Blvd.	3.2 NAME	
STREET ADDRESS	Suite 450	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32810	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Ryan Burrow, Vice President/Treasurer/ (407) 660-6110

Director

CR2E034 (11/98)