

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0082241

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000063769**

1. Corporation Name
JV MB, INC.

99 JUL -8 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**725 N. A1A., SUITE E-104
JUPITER FL 33477**

Mailing Address
**725 N. A1A., SUITE E-104
JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 725 N A1A	26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 E104	27
City & State	City & State
23 JUPITER, FL	28 FL
Zip	Zip
24 33477	29 USA
Country	Country

3. Date Incorporated or Qualified 07/23/1997	Applied For Not Applicable
4. FEI Number 65-0779440	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARINO, VITA
1000 NORTH U.S. HWY 1 #740
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name **BARRY, STEPHEN G.**
82 Street Address (P.O. Box Number is Not Acceptable)
5700 LAKEWORTH RD. STE 305
83
84 City **LAKE WORTH, FL** 85 Zip Code **33463**

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 *Stephen G. Barry* **STEPHEN G. BARRY** 7-6-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P BARRY, STEPHEN G
STREET ADDRESS	5700 LAKEWORTH RD., STE 305
CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SEC. VITA MARINO
1.3 STREET ADDRESS	1000 N US HWY 1 #740
1.4 CITY-ST-ZIP	JUPITER, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4000002929584-1
3.3 STREET ADDRESS	-07/13/99-01031-013
3.4 CITY-ST-ZIP	****558.75 ****558.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TS
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: *Vita Marino, Sec. Vita Marino* 7-6-99 561-743-2627

CR2E034 (5/99)