| ļ  | OVV. FILING FEE  |   | •  | , t   | ILED  |  |
|--|--|---|--|---|---|--|
| , COR  | PROFIT<br>PORATION<br>AL REPORT  | FLORIDA DEPARTA Sandra B. N Secretar                                    | fortham<br>State                               | Mar 30 1998 8:00ar  |   |  |
| DOC!   | MENT # 100 door  | DIVISION OF CORP  | PORATIONS                                      | - Secret  | tary of State   |  |
| 1. Corporation                                     |  | 0046550   |  |   | ٦   |  |
|  | JPR Florida 7  | BBO INC   |  |   |   |  |
|  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                 |  |   |   |  |
| Principal Place                                    |  | Mailing Address 718 N   | W 131.   | 1   |   |  |
|  | YPOLUXO Rd A-8   | BOCA  | RATION   |   |   |  |
| LAKE WORTH, FL. 33467 BOCA RATE                    |  |   |  |   | 3a, Date of Last Report   |  |
| 2. Principal Place of Business 2a. Mailing Address |  |   | 7)   | 7-31-97<br>4. FEI Number  | Applied For   |  |
| 21 26  |  |   |  | 65-0774416  | Not Applicable  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27         |  |   |  | 6. Certificate of Status Desired  | \$8.75 Additional Fee Required                                    |  |
| City & State City & State 28                       |  |   |  | Election Campaign Financing     Trust Fund Contribution                         | \$5.00 May Be   |  |
| Zip  | Country  | · - · · ·   | Country  | 8. This corporation has liability for I   | Added to Fees ntangible tax under s. 199.032,                     |  |
| 24   | 9. Name and Address of Current   | 29 30<br>It Registered Agent  | ,  | Florida Statutes Yes  10. Name and Address of New Reg                           | No  |  |
| LINT   | A M. DEFERO  |   | 81 Name  | ·   |   |  |
| 718 NW 1 ST  |  |   | 82 Street Addr                                 | et Address (P.O. Box Number Is Not Acceptable)                                  |   |  |
| 1  | 304 RATON FL   | 33486   | 83   |   |   |  |
| <b>P</b> -9.11                                     |  |   | 84 City  | 84 City FL 86 Zip Code  |   |  |
| 11. Pursuant to                                    | the provisions of Sections 607.0502  | and 607.1508, Florida Statutes, the                                     | e above-named corp                             | oration submits this statement for the  | purpose of changing its registered                                |  |
| office or regi<br>agent. I am f                    | istered agent, or both, in the State of<br>amiliar with, and accept the obligation | Florida. Such change was authori:<br>one of Section 607.0505, Florida 5 | zed by the corporation<br>Statutes.            | on's board of directors. I hereby accept  | 0.01  |  |
| SIGNATURE  | Signature, typed or printed name of regist   | Med agent and title if anolicable                                       | (NOTE: Registered A                            | 3-2;  | DATE  |  |
| 12.  |  | DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFI   |   |  |
| TITLE<br>NAME                                      | LINDA M DEFE   | PO DELETE   | 1.1 TITLE<br>1.2 NAME                          | RANDALL S. SMITT  | CERS AND DIRECTORS IN 12 66 66 65 65 66 66 66 66 66 66 66 66 66   |  |
| STREET ADDRESS                                     | 118 NW 7 ST  | 2216/   | 1.3 STREET ADDRESS                             |   |   |  |
| CITY - ST - ZIP                                    | BOCA RATON, FL   |   | 1.4 CITY - ST - ZIP                            | DELRAY BCH, GL  | Change Daddition  |  |
| NAME   | GERALD A DEFE  | PC DELETE   | 2.2 NAME                                       | PETER TOMASINO,   | J.R   |  |
| STREET ADDRESS<br>CITY - ST - ZIP                  | BOCA RATON   | FL .33486   | 2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP      | BOCA RATON, FI  | 39431   |  |
| TITLE  | 14.13-   | DELETE  | 3.1 TITLE                                      |   | Change Addition   |  |
| NAME<br>STREET ADDRESS                             |  | _   | 3.2 NAME<br>3.3 STREET ADDRESS                 |   | _   |  |
| CITY - ST - ZIP                                    |  | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                 | 3.4 CITY - ST - ZIP                            |   |   |  |
| TITLE<br>NAME                                      |  | DELETE  | 4.1 TITLE<br>4.2 NAME                          |   | Change Addition   |  |
| STREET ADDRESS                                     |  |   | 4.3 STREET ADDRESS                             |   |   |  |
| CITY-ST-ZIP  | 1  |   | 4.4 CITY - ST - ZIP                            | 77 (**) (**) (**) (**) (**)   |   |  |
| NAME   |  | DELETE  | 5.2 NAME                                       | 7000024<br>-03/31/98010   | T-D-Change  |  |
| STREET ADDRESS<br>CITY - ST - ZIP                  | i  | •   | 5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP      | ***165.00   |   |  |
| TITLE  | <del>                                     </del>                                   | DELETE  | 6.1 TITLE                                      |   | Change Addition   |  |
| NAME<br>STREET ADDRESS                             |  |   | 6.2 NAME<br>6.3 STREET ADDRESS                 |   | DE CONTROL  |  |
| CITY - ST - ZIP                                    |  |   | 6.4 CITY - ST - ZIP                            |   | 3.30  |  |
|  |  |   |  | in Section 119.07(3)(I), Florida Statute  |   |  |
| that I am an                                       | officer or director of the corporation   | or the receiver or trustee empower                                      | nd accurate and that<br>red to execute this re | my signature shall have the same lega<br>port as required by Chapter 607, Flori | al effect as if made under cath;<br>da Statutes; and that my name |  |
|  | Block 12 or Block 13 if changed, or o  |   | 2. 2.  | Holes alalan  | C1 200 1047   |  |
| SIGNATI  | URE: LIDDA M. DI   |   | ALLEGA L                                       | 12/10/98  | 561-578-187/  |  |
| 1  | SIGNATURE AND TYPE   | ED OR PRINTED NAME OF <b>SIGNING</b> O                                  | THICER OR DIRECTOR                             | R /   Date  | Daytime Phone #   |  |