Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90055 019 \*\*\*150.00

## 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 # P97000075605

1. Corporation Name

J & B VENTURES, INC.

_										
Principal Place of Business Mailing Address										
330 MYRTICE A MERRITT ISLAN US		4270 OVERHILL DRIVE MERRITT ISLAND FL 32952 US	ERRITT ISLAND FL 32952			DO NOT WRITE IN THIS	SPACI	E		
, 00 ]						3. Date Incorporated or Qualifed				
Í						08/29/1997				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Арр	lied For	
21 26						59-3468941 Not Applical			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional				
27						5. Certificate of Status Desired	F	ee Req	uired	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be			
23 28			· · · -			Trust Fund Contribution	Ac	ded to	Fees ·	
Zip Country Zip			Country			8. This corporation owes the current year In			<b>_</b>	
24 25 29 30			0			Personal Property Tax. Yes			□No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					Name		_			
MANN, JOANN M				:	Street Add	ress (P.O. Box Number is Not Acceptable)				
4270 OVERHILL DRIVE										
MERRITT ISLAND FL 32952				١.					+	
				ı	City	FL 85 Zip Code				
A45.00.00 F	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was auff	กกทรคด ถง	/ TO	named corp ne corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changi intment	ng its r as reg	egistered istered	
SIGNATURE						DATE DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTOR	RS IN 12	
12.			_	1.1 TITLE		ADDITIONAL TO THE PARTY OF THE	☐ Ch	_	Addition	
	MANN, BERNARD S	2	1.2 NAME							
NAME	4270 OVERHILL DR			1.3 STREET ADDRESS						
STREET ADDRESS	MEDDITE IOLAND EL COCCO								i	
			_	1.4 CITY-ST-ZiP 2.1 TITLE			[] Ch	- nange	Addition	
				2.2 NAME					_	
HIGHLA COMMANDE			2.3 STREE		ADDOESS				•	
l l				CITY-ST-ZIP						
OH OTHER THE PROPERTY OF THE P			3.1 TITLE		- LIF		Ch	ange	☐ Addition	
TITLE		··· C1 0-#=14	3.2 NAME				_	-	_	
NAME	•		3.3 STREE		ANNDESS					
STREET ADDRESS			3.3 3 (FUE)	- 1 7	WUNESS					

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 officer or director of the corporation or the Block 12 or Block 13 if changed or on an ress, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 ΠTLE

5.2 NAME

6.1 TITLE

6.2 NAME

( DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition