SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON DR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091573 (0)

J.N.B. ENTERPRISES, INC.

Principal Place of Business
4413 EAGLE CREEK CT.

ELKTON FL 32033

Mailing Address

4413 EAGLE CREEK CT. ELKTON FL 32033

FILED Oct 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAGLER, KENNETH D ESQ. 81 5 PALM ROW Street Address (P.O. Box Number is Not Acceptable) 82 ST. AUGUSTINE FL 32084 83 84 City Zip Code 85 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 agant and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Pess 1 Den OFFICERS AND DIRECTORS CR2E034 (5/98) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Elizabeth Ruggeri TITLE 1.1 TITLE Change Addition DELETE NAME 1.2 NAME 4413 EASLE Creek CT STREET ADDRESS 1.3 STREET ADDRESS EIKLEN LET 25072 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NAME 2.2 NAME 4413 Engle Creek CF STREET ADDRESS 2.3 STREET ADDRESS ELICTON FL 32033 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3 1 TITLE TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE 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 on an attachment with an address.

LATURE TO SELECT DISTORATION . 9.28-9 C 974-626-00

(00/0)