

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90122 001 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000096219

1. Corporation Name
J.B.I. HOLDINGS INC.

Principal Place of Business
190 112 AVE NO #809
ST PETERSBURG FL 33716

Mailing Address
190 112 AVE NO #809
ST PETERSBURG FL 33716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9773 Sago Pt Drive		2a. Mailing Address 26 Same		3. Date Incorporated or Qualified 11/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Largo FL		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33777		Country 25 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30			

9. Name and Address of Current Registered Agent

ISETT, DEBORAH L
190 112 AVE NORTH
SUITE 809
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable) 9773 Sago Point Dr.
83
84 City Largo
85 Zip Code FL 33777

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 12000 CEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISETT, DEBORAH L		1.2 NAME DEBORAH L. Isett, Ph.D.	
STREET ADDRESS 190 112 AVE N #809		1.3 STREET ADDRESS 9773 Sago Pt Drive	
CITY-ST-ZIP ST PETERSBURG FL 33711		1.4 CITY-ST-ZIP Largo, FL 33777	
TITLE Veo President and CIO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President and CIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISELL, JOHN B		2.2 NAME John B. ISETT, Ph.D.	
STREET ADDRESS 190 112TH AVE N #809		2.3 STREET ADDRESS 9773 Sago Pt Drive	
CITY-ST-ZIP ST PETERSBURG FL 33716		2.4 CITY-ST-ZIP Largo FL 33777	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/99 399 727-399-8998

CR2F034 (11/98)

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