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

PROFIT C()RPORATION ANNUAL REPORT

1999



FLORIDA DEP/RTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90140 021 ***150.00

DOCUMENT	#	P98000029891
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1. Corpora io	on Name									
JBMR.,	INC.									
Principal Plac	ee of Business	Mailing Address		-		•				
		•								
101 N O	CEAN DRIVE	101 N OCEAN DR	TVE			DO NOT WID	TE IN TLU	e edace		
UNIT 10		UNIT 107	1 , D		2 Data Is	DO NOT WRI corporated or Qualifed	TE IN THE	S SPACE		\neg
	OD, FL 33020	HOLLYWOOD, FL	33020		3. Date 11					
101)	Mace of Business	2a. Mailing Address	DDTUD		4. FEI Nui	nber 825907			Apriled For	
[21]	OCEAN DRIVE	26 101 N OCEAN Suite, Apt. #, etc.	DKTAE		05-0	043907			Not Applica	_
Suite, Apt 131	#, etc.	131 131			5. Certifca	te of Status Desired		•	5 Additional Recuired	١
City & S at	te	City & State			6. Electio	Campaign Financing		\$5.0	10 May Be	\neg
23 HOLLY	WOOD, FL 33019	28 HOLLYWOOD,, F	L 330	19	Trust F	and Contribution			d to Fees	
Zip	Coun.ry	Zip	Country		I	poration owes the curr	ent year In			
24	25		30			al Property Tax. and Address of New I	Pagistara d	XXYes	∐No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name	ina Address of New I	kegistered	Agent		\dashv
JANE HI	LSENROTH									
2800 PA	LMER DRIVE		82	Street Acc	dress (P.O. Box	Number is Not Accepta	able)			1
HOLLYWO	OD, FL 33021		83							\dashv
			84	City			FL	_ 85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu e	s, the above	e-named ccr	poration submit	this statement for the	purpose 1	f changing	its r egistere	d
office or r	registered agent, or both, in the State of improvements and accept the obligation	⁻ Florida. Such change was au	thorized by	the corporat	tion's board of c	rectors. I hereby acce	ot the appo	intment as	reg stered	
SIGNATURE										
	Signature, typed or printed name of registered agent		-	it signature requir	red when reinstating)		DATE			
12.	OFFICERS AND		13.		ADDITIC	NS/CHANGES TO OF	FICERS A	ND DIREC		
TITLE	D DARRY HILCENDOTH	☐ DELETE	11 TITLE					Criaing	e LI Auu	.itiOi1
NAME	BARRY HILSENROTH		12 NAME							
STREET ADDRESS	2800 PALMER DRIVE HOLLYWOOD <u>, FL 3302</u> 1		1.3 STREET							
CITY-ST-ZIP	D D		1.4 CITY-ST-ZIP 2.1 TITLE		·			Chang	e 🗆 Add	ition
NAME	JANE HILSENROTH		2.2 NAME					_ `	_	
STREET ADDRESS			2.3 STREET	ADDRESS						
CITY-ST-ZIP	HOLLYWOOD. FL 33021		2.4 CITY-S							1
TITLE	HODETWOOD	☐ DELETE	3.1 TITLE	-	-			Chang	e 🔲 Add	lition
NAME			3.2 NAME							
STREET ADDRESS			33 STREET	ADDRESS						
CITY-ST-ZIP			34. CITY-S	T-ZIP						
TITLE		☐ DELETE	4 1 TITLE					Chang	e 🗌 Add	ition
NAME			4 2 NAME							
STREET ADDRESS			4 3 STREET							
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP						ution
TITLE		☐ DELETE	5 1 TITLE					Chang	e 🔲 Add	IJUI
NAME			5.2 NAME 5.3 STREET	ADDDECC						
STREET ADDRES S			ll .							
CITY-ST-ZIP			54 CITY-ST 61 TITLE	1-417	 .			Chang	e	lition
TITLE			62 NAME					L., Onding		
NAME STREET ADDRESS			6.3 STREET	ADDRESS						
STREET ADDRESS			64 CITY-S							
CITY-ST-ZIP	<u> </u>		1 44 011 170	-"						

14. Thereby certify that the information supplied with this filling 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 recuired 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 a Lother like empowered.

#//5/99 Daytime Phone #