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 # P98000077506

1. Corporation Name

May 08, 1999 8:00 am Secretary of State

05-08-1999 90030 046 ***150.00

JBI, INC.											
Principal Place	of Rusiness	Mailing Address					DERII ABI	115 1 065			
Principal Place of Business Mailing Address 3041 N.E. 48TH STREET 3041 N.E. 48TH STREET											
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064											
						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 09/08/1998					
Principal Place of Business 2a. Mailing Address						4 FEI Number			Арр	lied For	
21 26						45-0875633	<u> </u>			Applicable	
Suite, Apt. #, etc.						5. Certifcate of Status Desired				ditional	
22 27				5. Certificate of Status Desired Fee Required							
City & State City & State				6. Election Campaign Financing			\$5.00 May Be				
23	28				 	Trust Fund Contribution					
Zip				8. This corporation owes the current year Integral Property Tay				ngible Yes	. [⊒No	
24	9. Name and Address of Current		30\			Personal Property Tax. 10. Name and Address of New Register					
	3. Name and Address of Current	registered Agent		81	Name	Tot train and		<u>J - //- </u>			
FILINGS, INC.											
3732 N.W. 16TH STREET				82	Street Add	Iress (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33311-4132				83							
]]	84							
					City		FL	85	Zip C	ode	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nail office or registered agent, or both, in the State of Florida. Such change was authorized by the						poration submits this statement for the DUIDO	se of c	:hangir tment	ng its r as reg	egistered istered	
agent, I as	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statu	tes.	ino corporati	iono board of amount of the control			J		
SIGNATURE											
ļ	Signature, typed or printed name of registered agent		<u> </u>	Agent	signature requir	ADDITIONS/CHANGES TO OFFICER		חום:	CTO	2S IN 12	
12.	D OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICER	.S AIVE	☐ Chi		Addition	
TITLE				1.2 NAME				_	-	_	
NAME	AND ANTI-ANTH-CTDEET			1.3 STREET ADDRESS							
STREET ADDRESS	LICUTUOLICE DOINT EL 20064				,					ļ	
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·			CITY-ST-ZIP				☐ Change ☐ Addition			
NAME	d Mendenhall, Elizabeth			2.2 NAME						ļ	
STREET ADDRESS				2.3 STREET ADDRESS							
	LICHTHOUSE DOINT EL 20064										
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP 3.1 TITLE				Cha	ange	☐ Addition	
NAME			3.2 NA	ΜE							
STREET ADDRESS			3.3 STF	REET.	ADDRESS						
CITY-ST-ZIP			3.4. CII	TY-ST	Γ-ZIP						
TITLE		DELETE	4 1 TITI	LE				Ch	ange	☐ Addition	
NAME			4.2 NA	WE						ļ	
STREET ADDRESS			4.3 STF	REET	ADDRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZiP						
TITLE	. %	☐ DELETE	5.1 TIT	LE				Ch	ange	☐ Addition	
NAME			5.2 NAJ	ME							
STREET ADDRESS			5.3 STF	REET	ADDRESS					ļ	
CITY-ST-ZIP			54 CIT		- ZIP						
TITLE		☐ DELETE	6.1 TM					Ch	ange	☐ Addition	
NAME			6.2 NA							ļ	
STREET ADDRESS				REET.	ADDRESS						
	i		64 CIT	V- 9T	-7IP						

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.

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