FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90033 002 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Sec etary of State DIVISION OF CORPORATIONS

1999

Principal Place of Business

P98000095631 DOCUMENT # 1. Corporation Name

J. B.'S MANAGEMENT SERVICES, INC.

1095 S FEDERAL HWY DEERFIELD BEACH FL 33441-7032		1095 \$ FEDERAL HWY DEERFIELD BEACH FL 33441-7032									
ļ					ļ			RITE IN THIS	SPACE	E	
							ncorporated or Qualif	ed			
<u></u>							0/1998				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI N		-	L	Ap	olied For
21		26				<u>_65</u> :	-0875522	<u> </u>		No	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certito	cate of Status Desired	. 🗆	•	_	dditional
[22]		27				.			F	ee Ro	quired
City & State		City & State	City & State			6. Election	on Campaign Financir	ng 🗀	\$5	.00	May Be
23		28	+ <i>-</i>			Trust	Fund Contribution		Ad	ided o	Fees
Zip Country		— —	Zip Country			8. This t	orporation owes the o	current year Inta			ا م
24	252930		·				nal Property Tax.		∐ Yes	<u> </u>	⊠No
<u> </u>	9. Name and Ad tress of Curre	rt Registered Agent				10. Name	and Address of Ne	w Registered A	<u>Agent</u>		
CEDI	CLIAV ALI ANI		81	ין וי	Name						
	CHAY, ALLAN		82 Street Ac			Address (P.O. Box Number is Not Acceptable)					
1	NW 33 AVE #117			1_				·			
FT LAUDERDALE FL 33309			83	3			- "				
			84	.	Dity				85	Zip (odo
			0.4	Ϊ,	UILY .			FL	00	Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the	e abov	/e-n	amed corpora	ation subm	ts this statement for t	he purpose of	changir	ng its	egistered
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 a scept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered ag-	one and title Capplicable (A)OTE, Deget		-1 -1-	gnature req iired w			DATE			
12.			13.	iii sig	griatore req illed w		DNS/CHANGES TO		D DIBE	CTO	2S IN 12
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DEFOCION DE LOS EL COLLES			1.4 CITY-ST-ZIP								ļ
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NAME			2 NAME								
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TITLE			5.1 TITLE						Cha	nge	Addition
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CITY-ST-ZIP			4 CITY-S								
TITLE			6.1 TITLE						Cha	nne	Addition
NAME		C	2 NAME						L. Onla	iiige	Addition
			6.3 STREET ADDRESS		DOCCC]
STREET ADDRESS		b.c	ONEE	≀ AUL	UNESS						

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(\$)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplemental ar rural report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, 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!

CITY-ST-ZIP

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR