

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

PROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

J-B SURVEY BROKERS INC
610 PARK PLACE
WEST PALM BEACH FL 33401-7232

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90001 042 ***150.00

P9900000709 ✓

Principal Place of Business
610 PARK PL
WST PLM BCH FL 33401

Mailing Address
610 PARK PL
WEST PALM BEACH
FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 610 PARK PLACE Suite, Apt. #, etc. 22 FL City & State 23 WEST PALM BEACH FL Zip 24 33401	2a. Mailing Address 26 610 PARK PL Suite, Apt. #, etc. 27 WEST PALM BEACH City & State 28 FL Zip 29 33401	3. Date Incorporated or Qualified 01/05/99	4. FEI Number 65-0888206	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

PASCACIO HERRERA
610 PARK PLACE
WEST PALM BEACH FL 33401

11. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

I, the undersigned, being duly sworn, certify that 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

OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	PASCACIO HERRERA	
STREET ADDRESS	610 PARK PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.	Change	Add
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #