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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

JTB ACTUARIAL CONSULTANTS, INC.

FILED Jan 16 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address											
818 U.S. HIGI Suite 6 North Palm	HWAY 1 I BEACH FL 334	SUITE	B1B U.S. HIGHWAY 1 SUITE 6 NORTH PALM BEACH FL 33408				DO NOT WRITE IN THIS SPACE				
								 Date Incorporated or Qualified 01/14/1991 			
2 Principal Pl	lace of Busines	<u> </u>	2a. Mai	ling Address	<u>-</u>		.	4. FEI Number		Applied For	
21		26					65-0242270	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 Additional			
22		27					5. Cermicate of Status Desired		Required		
City & State	e	———— `	City & State				6. Election Campaign Financing	\$5.00 May Be			
Zip Country			28 Zip	Zip Country				Trust Fund Contribution			
Z(p 24	25 Country		29					Personal Property Tax due June 30. Yes No			
241	g, Name and Address of Cu							10. Name and Address of New Registered Agent			
BR	ENNAN, JERE	MIAH T	· · · · · ·			81	Name				
	8 US HIGHWA			82			Street Ac	Idress (P.O. Box Number is Not Acceptable)			
	ORTH PALM B										
						83				1	
					Ì	84	City	FL	85 2	Zip Code	
11. Pursuant t	to the provisions	s of Sections 607.050	2 and 607.1	508, Florida Statut	es, the at	L	-named co	ornoration submits this statement for the purpose of	changir	ng its registered	
office or re	eni et ered edent	t, or b oth, in the State and accept the oblig	rof Horida S	uch channe was a	aurnoriz a a	าทข	i ine corbo	ration's board of directors. I hereby accept the app	ointment	as registered	
SIGNATURE											
12.	Signature, lyped or p	ornied name of registered ag OFFICERS AN			E Registered	Ago	ni signalure re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12	
TITLE	DP	OTTIOETIS AIT	D DITE.OTO	DELETÉ	1.1 117	LE		, is sitted to the first terms of the first terms o	Chan		
NAME		, JEREMIAH T.			1.2 NA	ME					
STREET ADDRESS	818 U.S. H			1.3		1.3 STREET ADDRESS					
CITY-ST-ZIP	N. PALM E	BEACH FL			1.4 Ci	TY-S	T - ZIP				
TITLE	D۷			DELETE	2 1 Trī	LE			Chan	ge 🔲 Addition	
NAME		, regina L			2.2 NAME						
STREET ADDRESS	818 U.S. H				2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	N. PALM E	BEACH FL		T process	2.4 CHY-ST-ZIP		ST - ZIP		Chan	no Eddilon	
TITLE				☐ DELETE	3.1 111		-		∐ Chan	ge L Addition	
NAME					3 2 NA		4000000			i	
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP TITLE				DELETE	3.4. C/ 4.1 T/T		51-211		Chan	ge Addition	
NAME					4.2 N						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					4.4 CF						
TITLE				DELETE	5.1 TR				Chan	ge Addition	
NAME					5.2 NA	ME				1	
STREET ADDRESS					5.3 ST	REET	ADDRESS				
CITY-ST-ZIP					5.4 CI	TY-S	7 - ZIP				
TITLE				☐ DELETE	6.1 TIT	TLE			Chan	ge 🔲 Addition	
NAME					6.2 NA	ME					
STREET ADDRESS					6.3 ST	REET	ADDRESS				
CITY-ST-ZIP		farmation	uists stare 400-	door not minited	6.4 CF			in Section 119.07(3)(i). Florida Statutes. I further ce	rtify that	the information	

Indicated on this annual report of supplied with this filling does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes: Further Certify that the information indicated on this annual report of 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 coproration or the receiver or trueftee empowered to expect 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.