## **FILED** FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS! 1998 DOCUMENT # S35451 (1) J. P. WEBB CORPORATION THE RESIDENCE OF THE PARTY OF T er de f Britis III brita de la caración de Principal Place of Business Mailing Address 7140 S.W. 16TH ST. 7140 S.W. 16TH ST. PEMBROKE PINES FL 33023-2030 PEMBROKE PINES FL 33023 3. Date Incorporated or Qualified 3a. Date of La 02/28/1991 05/01/19917 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0250851 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country Yes Yes 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEE. WENDY M. 7140 S.W. 16TH ST. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33023 City Zip Code -named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0500 and office or registered agent, or both, in the Sta SIGNATURE il signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13: DELETE 11716 111006 ☐ Change Addition LEE, WENDY M. NAME 12 NAME 7140 S.W. 16TH ST. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY - ST - ZIP 1.4 CITY ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CRY-ST-ZIP DELETE Change Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE Addition Change TITLE 5.1 TIFLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 500110250110840 Change TITLE 6.1 TITLE

6.4 CITY-ST-ZIP 14. I do 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 opporation 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 (changed, or on an attachment with an address

6.3 STREET ADDRESS

NAME

STREET ADDRESS

-04/27/98--01062--013

\*\*\*158.75