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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

S40362 (3)

JIB ENTERPRISES, INC.

## FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- I CERTAND THE ORDER CONTROL OF THE STATE OF THE	HUM DAQU DAQU		.A \$1001 1001
501 GETTYSBI		501 GETTYSBURG TERR	•						
PLANTATION I		PLANTATION FL 33325							
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						03/06/1991			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				65-0245928		No	ot Applicable
Suite, Apt. (	#, <b>e</b> 1c.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional
22		27						Fee Re	- <del></del>
City & State	•	City & State				6. Election Campaign Financing			May Be
<b>23</b> Zip	Country	7in	Zip Country			Trust Fund Contribution		<del> </del>	to Fees
24	25 29 30			y		This corporation owes or has paid     Personal Property Tax due June 3			No
	9. Name and Address of Current	L	1901	ſ <b>-</b>		10. Name and Address of New Regi			
BANU, JOHN					Name				
501		82 Street Add			ss (P.O. Box Number is Not Acceptable				
PLANTATION FL 33325				02	Street Addre	ss (F.O. Box Number is Not Acceptable	''		1
				83					
				84	City		8	E Zin	Code
					•		╊┖		
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Folida Statutes, the a office or registered agent, or both, in the State of Florida, Such change was authorize agent. I am lamiliar with, and accept the obligations of, Socilia 607.0576, Florida State</li> </ol>					the corporation	oration submits this statement for the purply on's board of directors. I hereby accept	rpose of cha the appoint	inging it ment as	is registered registered
SIGNATURE FOLLY BANG HOW						412	17/91	>	i
Signature typed or printed name of registered agent and title if applicable (NOTE: Registers					nt signature require		DATE		
12.	OFFICERS AND	_ · _ · · · · · · · · · · · · · · · · ·	13.		<del> </del>	ADDITIONS/CHANGES TO OFFICE			
TITLE	D BAARI I IOUAI	☐ DELETE	1.1 Ti				لسا	Change	Addition
NAME	BANU, JOHN		1.2 N						13
STREET ADDRESS	501 GETTYSBURG TERR PLANTATION FL				ADDRESS				
CITY-ST-ZIP	DELETE 2.1T		TY-SI	- ZIP			Change	Addition	
TITLE NAME			2.1 II					Change	C Addition
STREET ADDRESS					ADDRESS				ļ
				ATY-S					1
CITY-ST-ZIP TITLE		☐ DELETE	3.1 1		1-211	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			3.2 N					•	
STREET ADDRESS			3.3 S	rreet i	ADDRESS				ĺ
CITY-ST-ZIP			3.4.0	ITY - S	T- 21P				ŀ
TITLE		☐ DELETE	4.1 1					Change	☐ Addition
NAME			4. 2 N	AME					1
STREET ADDRESS			4.3 S1	TREET	ADDRESS				ŀ
CITY-ST-ZIP			4.4 C	11Y-\$1	1 - ZIP				
TITLE		DELETE	5.1 TI	TLE				Change	☐ Addition
NAME			5.2 N	AME					j
STREET ADDRESS			5.3 S1	TREET	address				
CITY-ST-ZIP			5.4 C	TY-SI	- ZIP				
TITLE		DELETE	6.1 T	TLE		·_ ·_ ·_ ·		Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 ST	TREET	ADDRESS				
CITY-ST-ZIP				TY-ST					
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify f	or the exe	empt	ion stated in S	Section 119.07(3)(i), Florida Statutes. I fu	orther certify	that the	information 1

indicated on this annual roport or supplied with this tilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual roport or supplemental annual roport 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 frustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if diagnostic, origin an attacifiment with an address.

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DIM BANK

4/2>/80

974-6602