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

PROFIT **CORPORATION** ANNUAL REPORT **100**Ω



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	NUAL REPORT Secretar 1998				ONS	Secretary of State			
DOCUMEN 1. Corporation Name JBH MARKE		53 (5)							
Principal Place of Bu 4808 LORRAINE WA ORLANDO FL 32812	Υ	Mailing Address 4808 LORRAINE WAY ORLANDO FL 32812-3955							
US						3. Date Incorporated or Qualified	E IN THIS SPAC		
2. Principal Place of	Business	2a. Məding Address 26				05/20/1991 4. FEI Number		—	plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	59-3064778	\${		t Applicable additional
22		27				5. Certificate of Status Desired	1 1	Fee Re	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			Мау Ве
Zip	Country	7(p	C	ountry		8. This corporation owes or has p		Added to	
24	25	29	30			Personal Property Tax due June	∋ 30. 🔲 Ye:	в Д	No
	lame and Address of Curre	int Registered Agent		81	Name	10. Name and Address of New R	gistered Agen	(}
HUMPHREYS, SANDRA A 4808 LORRAINE WAY				82		Less (D.O. Da. M. L. L. L. Market	. 1. 3		
ORLANDO FL 32812				02	Street Add	ress (P.O. Box Number is Not Accepta	ле <i>)</i>		
				83					
				84 City			FL 85	Zip C	ode
11. Pursuant to the p	ravisions of Sections 607.05	02 and 607.1508, Florida St	alutes, the	abovi	le-named cor	poration submits this statement for the	nurnoso of chan	L Iging its	registered
office or register agent. I am far i	ed agent, or both, in the State ar with, a <u>nd s</u> ecept the othic	e of Florida. Such change w paleous of, Section 607.0505	as authori , Florida S	zed by Jalules	y the corpora s.	alion's board of directors. Thereby acce	pt the appointin	ent as r	egistered
SIGNATURE	who b. Myhy.	/					15/98		
12.	OFFICERS AN	ra ^r æd™i ifapoleable ND DRECTORS		9. 3.	sic signature requ	ited when reinstating) ADDITIONS/CHANGES TO OFFI	DAIL CERS AND DIRI	CTOR!	3 IN 12
TITLE P		DELETE		1 11TLE			c		Addition
	MPHREYS, JOHN B., JR.		1:	NAME					
-)8 Lorraine Way Lando Fl				ADDRESS				
CITY-ST-ZIP UH	LANUU FL	DELETE		TITLE	T-ZIP			hange	Addition
	MPHREYS, SANDRA A	CJutta		NAME			0	illingo	
	8 LORRIANE WAY		a di		ADDRESS				
CITY-ST-ZIP OR	LANDO FL		2.	4 CITY - 5	ST - ZIP				
TITLE		DELETE		TILE			L C	hange	Addition
NAME PARCET APPROVED				NAME					
STREET ADDRESS CITY - ST - ZIP				I. CHY-S	ADDRESS				
TITLE		DELFTE		i Titef	51 - Cit		C	hange	Addition
NAME			4	2 NAME					
STREET ADDRESS			4.3	STHEFT	ADDRESS				
CITY-SI-ZIP	. 	- Interes		CITY-S	1 - 71P			hana-	A Marie
TITLE NAME		[] DELETE	1	NAME			☐ C	ange	Addition
STREET ADDRESS					ADDRESS				ĺ
CITY-ST-ZIP				CHY-S					
TITLE		DELFTE		THLE		Tribile of the discount of the straight of the	C	iange	Addition
NAME			6.2	NAME					
PTOTET ADDOLOG				A * 5. 5 4 4	Inches				ı

CITY-ST-ZIP 14. Thereby certify that the information supplied with this firing 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 logal effect as it made under oath; that I am an officer or director of the corporation of the receiver or flue exemptions and that my name appears in Block 12 or Block 13 if changed in or an attachment with an address.

FILED

Apr 21 1998 8:00am