Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90009 027 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$95054

 Corporation 	Name							
J.B.I. GR	OUP, INC.							
							. 8181 81811 81811 81811 818	{ 114 } 116 1 44
								1
Principal Place	of Business	Mailing Add	iress	_		1 (40)(\$(\$ (10 10)0) \$((1) 00)0) \$((1)	Ais, ciali ciali siali ais)(4 (8)) 4(6)()08)
6191 ORANGE DR 6191 ORANGE DR								
6159 E						DO NOT WRITE	E IN THIS SPACE	
DAVIE FL 33314 US						3. Date Incorporated or Qualifed	- IN THIS STACE	
		03				11/18/1991		
2 Dringing D	ace of Business	2a, Mailing	Address			4. FEI Number		Applied For
— ·	ace of business	26	Addiess			NOT APPLICABLE	 	Not Applicable
Suite, Apt.	# etc		pt. #, etc.				\$8.75	Additional
22 27						5. Certifcate of Status Desired	1 3	Required
City & State			State* **	-		6. Election Campaign Financing	\$5.0	0 May Be
23	•	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country		8. This corporation owes the current	nt year Intangible	}
24	25	29	31	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Ag	ent			10. Name and Address of New Re	gistered Agent	
0114	0 14445			81	Name			•
CHAO, JANE				82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)	
5546 W OAKLAND PARK BLVD							·	
SUITE 220				83				
LAUDERHILL FL 33313				84	City		85 Zi	p Code
								
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508,	Florida Statutes	the above	-named corporation	pration submits this statement for the p n's board of directors. I hereby accept	urpose of changing	its registered registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section	607.0505, Florid	a Statutes		ins board of directors. Thereby addept	ино оррожители од	, ogloto, ou
SIGNATURE								
0.0.0.0.0.0	Signature, typed or printed name of registered ag		(NOTE: R	-	t signature required		DATE DUDGE	TODO IN 40
12.		ND DIRECTORS	☐ DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
TITLE	D SERVICE THEODORE I		DELETE	1.1 TITLE				,,,
NAME	JEDLICK, THEODORE J			1.2 NAME				ļ
STREET ADDRESS	4700 HIATUS ROAD			1.3 STREET				
CITY-ST-ZIP	SUNRISE FL		DELETE	1.4 CITY-ST 2.1 TITLE	F-ZIP		☐ Chang	ge
TITLE			DECETE	2.1 IIILE 2.2 NAME			<u>ب</u> ه	,
NAME !								
STREET ADDRESS				2.3 STREET				ĺ
CITY-ST-ZIP		<u> </u>	□ DELETE	2.4 CITY-S 3.1 TITLE	11-219	3,	- Chang	ie · 🗆 Addition
TITLE				3.2 NAME	ļ			_
NAME				3.3 STREET	r ADDDECC			
STREET ADDRESS	•			3.4. CITY-S	•			
CITY-ST-ZIP TITLE	,		☐ DELETE	4.1 TITLE	11-217		☐ Chang	ge Addition
				4. 2 NAME	1			
NAME STREET ADDRESS				4.3 STREET	ADDRESS			
1	•			4.4 CITY-S	i			
CITY-ST-ZIP			☐ DELETE	5.1 TITLE			Chang	ge
NAME	•		•	5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP				5.4 CITY-S	T- ZIP			
TITLE	49VP4 11 11		☐ DELETE	6.1 TITLE			☐ Chang	ge 🔲 Addition
NAME				6.2 NAME				J

CITY-ST-ZIP 14. I 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ZEQUIRED

954 327-0442