FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V06738** **(1)**

1. Corporation Name

JBS MARKETING, INC.

Principal Place of Business	Mailing Address
C/O RICHARD CABLE 640 EAST OCEAN AVENUE BOYNTON BEACH FL 33435	C/O RICHARD CABLE 640 EAST OCEAN AVENUE BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: **01/15/1992**
3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0332639** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 JOHN D. SIMONDS JR	26 21840 BEACHNUT DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON FL
Zip 24 33433 Country 25 US	Zip 29 33433 Country 30 US

9. Name and Address of Current Registered Agent

CABLE, RICHARD
640 EAST OCEAN AVENUE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name: JOHN D. SIMONDS JR.
82 Street Address (P.O. Box Number is Not Acceptable): 21840 BEACHNUT DR.
83
84 City: BOCA RATON FL 85 Zip Code: 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John D Simonds Jr. DATE: 3/4/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SIMONDS, JOHN D JR		1.2 NAME		
STREET ADDRESS	2745 SW 6 ST		1.3 STREET ADDRESS	21840 BEACHNUT DR.	
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SIMONDS, JOHN D JR		2.2 NAME		
STREET ADDRESS	2745 SW 6 ST		2.3 STREET ADDRESS	21840 BEACHNUT DR	
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			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 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John D Simonds Jr. 3/4/96 407-347-7741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #