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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**FILED** Apr 24 1998 8:00am Secretary of State

C&S Principal F	Place of Busines	JBE/REPAIR, INC.	PO 80	Mailing Address PO BOX 771554 WINTER GARDEN FL 34777-1554 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
_	al Place of Busin	ness	<b>2a.</b> Ma	iling Address			01/31/1992 4. FEI Number	A	oplied For
Suite, Apt. #, etc.  22  City & State			26	26   Suite, Apt. #, etc.   27   City & State   28			59-3111915		ot Applicable
			<b>├</b> ──¬				5. Certificate of Status Desired See Required Fee Required		
			'				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip		Country	Zip	· · · · · · · · · · · · · · · · · · ·	Countr	ry	8. This corporation owes or has paid the cur		_ ~
24	A Magaz	25	29		30				No
	P. Name ICARDI, JEFFI	and Address of Currer	nt Hegistere	a Agent	81	1 Name	10. Name and Address of New Registered	Agent	
	990 LEWIS DI								
	WINTER PARK			82 Street Add			dress (P.O. Box Number is Not Acceptable)		
	**************************************				83	3			
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					) <del>  -</del>	<del>.  </del>			
11. Pursui	ant to the provis	ions of Sections 607,050 pont, or both, in the State	02 and 607.19 of Florida. S	508, Florida <b>Sta</b> tu Such change was	ates, the above	1 ' '	FL reporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the purpose of the purpos	. 1 1	Code ts registered registered
SIGNATUR	RE	or printed name of registered 8gr	ent and their app	dicable. (NO	utes, the above authorized be lorida Statute	ve-named cor by the corpora es.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appured when reinstating)  OATE	f changing in pointment as	ts registered registered
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Indicated on this annual report or supplemental annual report is true and accurate and man my signature shall have the same legar enect as it made under each man an officer or director of the corporation or the receiver of mistice 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 aron an attachment with an address.

(407)

SIGNATURE:

98 654-0644