

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V34395** (6)
1. Corporation Name
J B S SYSTEMS INC.

Principal Place of Business
**459 NW 99TH WAY
CORAL SPRINGS FL 33071**

Mailing Address
**459 NW 99TH WAY
CORAL SPRINGS FL 33071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0340028	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	b. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STEPHENS, JOE B. 459 NW 99TH WAY CORAL SPRINGS FL 33071				Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box number is Not Acceptable)
				83	City
				84	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, has authorized by the corporate action of its board of directors, and I hereby accept the obligation of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, the corporation's officers and directors.

SIGNATURE _____ (Signature, typed or printed name of registered agent or officer or director) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1. TITLE	(P) Doris G. Stephens	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, JOE B		12. NAME	459 N.W. 99 Way	
STREET ADDRESS	459 N.W. 99 WAY		13. STREET	Coral Springs FL	
CITY-ST-ZIP	CORAL SPRINGS FL		14. CITY		
TITLE	S	<input type="checkbox"/> DELETE	2.1. TITLE	(S) Joe B. Stephens	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, DORIS G		2.2. NAME	459 N.W. 99 Way	
STREET ADDRESS	459 N.W. 99 WAY		2.3. STREET ADDRESS	Coral Springs FL	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2. NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2. NAME		
STREET ADDRESS			4.3. STREET ADDRESS		
CITY-ST-ZIP			4.4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2. NAME		
STREET ADDRESS			5.3. STREET ADDRESS		
CITY-ST-ZIP			5.4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2. NAME		
STREET ADDRESS			6.3. STREET ADDRESS		
CITY-ST-ZIP			6.4. 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.

SIGNATURE: *Doris G. Stephens* **Doris G. Stephens** 2/11/98 (954) 752-8583

CR2E034 (10/97)