

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 25 1996 8:00 am
Secretary of State

DOCUMENT # **V58221** (5)
1. Corporation Name
J.P.B.P., INC.

Principal Place of Business Mailing Address
**10401 PINES BLVD
PEMBROKE PINES FL 33026**
**2301 W SAMPLE RD
BLDG 1, SUITE 9A
POMPANO BEACH FL 33073**



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|--------------------------------|--|---|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/14/1992 | | 3a. Date of Last Report 05/01/1995 | |
| 21 Suite, Apt. #, etc. | | 26 2201 W. SAMPLE RD. | | 4. FEI Number 65-0491969 | | Applied For Not Applicable | |
| 22 City & State | | 27 Suite, Apt. #, etc. BLDG. 6-SUITE 1A | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 POMPANO BEACH, FL. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 33073 | | 30 BROWARD | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| PAGANO, BRUCE 2301 WEST SAMPLE ROAD BLDG. 1, SUITE 9A POMPANO BEACH FL 33073 <i>Change of Address only</i> | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 2201 W. SAMPLE RD. | | | |
| | | | | 83 BLDG. 6- SUITE 1A | | | |
| | | | | City POMPANO BEACH, FL | | | |
| 85 Zip Code 33073 | | | | | | | |

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 *Bruce Pagano* *Bruce Pagano* *6/20/96*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | 11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP | | | |
| 2. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP | | | |
| 3. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP | | | |
| 4. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP | | | |
| 5. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP | | | |
| 6. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP | | | |

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce Pagano* *Bruce Pagano* *6/20/96* *954-972-8444*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/96)