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**

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90039 038 ***150.00

DOCUMENT	#	V7061	4
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1. Corporation Name

J. B. CONTRACTORS, INC.

Principal Place of Business Mailing Address			
Principal Place of Business Mailing Address	Blait Billi Elfil ei	OLL BIBIL LEGY	
2817 PRAIRIE AVENUE 20803 BISCAYNE BLVD			
200 STE 200	DO NOT WRITE IN THIS SPACE		
MIAMI DEACH PL 33140			
10/13/1992			
4 SEI Number	Apr	olied For	
2. Hintipal Place of Business 22. Hintipal Place of Business 2	<u> </u>	Applicable	
Suite Ant # etc	\$8.75 A	ddítional	
5. Certificate of Status Desired	Fee Rec	quired	
City & State City & State 6. Election Campaign Financing	\$5.00	May Be	
23 Trust Fund Contribution	Added to	Fees	
Zip Country Zip Country 8. This corporation owes the current year	ntangible		
24 25 29 30 Personal Property Tax.		□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	d Agent		
81 Name		-	
KORN, GARY A 82 Street Address (P.O. Box Number is Not Acceptable)			
20803 BISCAYNE BLVD			
STE. 200		1	
AVENTURA FL 33180	. 85 Zip C	Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 appragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	of changing its ointment as rec	registered gistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	NO DIDECTO	DC IN 42	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE PST DELETE 1.1 TITLE		☐ Addition I	
PIOTES LOCATED	_ ,	Addition	
NAME BISTRITZ, JOSEPH 12 NAME		Addition)	
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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 reports 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 truster 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 lon application of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the rec

SIGNATURE,