

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000049541 (4)**

1. Corporation Name
JB TRAVEL ASSOCIATES, INC.



Principal Place of Business
**% JULIE ROSEN TRAVEL
8367 PINES BLVD.
PEMBROKE PINES FL 33024
US**

Mailing Address
**% JULIE ROSEN TRAVEL
8367 PINES BLVD.
PEMBROKE PINES FL 33024
US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

g. Name and Address of Current Registered Agent

**LEVINE, SCOTT ESQ.
1940 HARRISON STREET
SUITE 300
HOLLYWOOD FL 33020**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

3. Date Incorporated or Qualified **07/15/1993**
3a. Date of Last Report **04/11/1995**
4. FEI Number **65-0423821**
Applied For Not Applicable
5. Contribution of States 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
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.040(2) and 607.040(3), 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, the only acceptable appointment as registered agent. I am familiar with and accept the obligations of Section 607.040(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEN, JULIE	
STREET ADDRESS	17890 NORTHEAST 31ST COURT, SUITE 3314	
CITY-STATE-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE B. ROSEN	
STREET ADDRESS	16586 NW 4th St.	
CITY-STATE-ZIP	PEMBROKE PINES FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied above is true, voluntary, complete, and correct, and that the corporation complies with Section 199.032, Florida Statutes. I further certify that the information indicated on this form and report or supplemental information 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 business person authorized to report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *Julie B. Rosen* **JULIE B. ROSEN** **4/1/96** **954 450 7022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)