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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33024-6607 US

3. Date Incorporated or Qualified: 07/15/1993
3a. Date of Last Report: 04/05/1996
4. FEI Number: 65-0423821
5. Certificate of Status 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: LEVINE, SCOTT ESQ., 1940 HARRISON STREET SUITE 300 HOLLYWOOD FL 33020
1154 N. UNIVERSITY DRIVE SUITE 305 PEMBROKE PINES, FL 33024

10. Name and Address of New Registered Agent: 81 Name: SCOTT LEVINE ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 1154 N. UNIVERSITY DRIVE
83 SUITE 305
84 City: PEMBROKE PINES FL 85 Zip Code: 33024

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: Julie B. Rosen JULIE B. ROSEN PRESIDENT 3-21-97

12. OFFICERS AND DIRECTORS
1. TITLE: P
2. NAME: ROSEN, JULIE
3. STREET ADDRESS: 16586 SW 4TH ST
4. CITY-ST-ZIP: PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Julie B. Rosen JULIE B. ROSEN PRESIDENT 3/21/97
954-450 7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)