

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **841654** (7)

1. Corporation Name
JAMES B. RUSSELL, INC.



Principal Place of Business: **C/O FRANK LLANEZA, 3104 N ARMENIA AVE., TAMPA FL 33607-8634**
Mailing Address: **C/O FRANK LLANEZA, 3104 N ARMENIA AVE., TAMPA FL 33607-8634**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1978	3a. Date of Last Report 02/14/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2934513	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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	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			
FRANK LLANEZA 3104 N ARMENIA AVENUE TAMPA, FL 33607				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, DANIEL	12 NAME	
STREET ADDRESS	80 CHESTNUT RIDGE RD.	13 STREET ADDRESS	
CITY, ST, ZIP	SADDLE RIVER NJ	14 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELTZER, SHERWIN	22 NAME	
STREET ADDRESS	38 MABRO DRIVE	23 STREET ADDRESS	
CITY, ST, ZIP	DENVILLE NJ	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CONSTANTINO	32 NAME	
STREET ADDRESS	3104 N. ARMENIA AVENUE	33 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANEZA, FRANK	42 NAME	
STREET ADDRESS	3104 N. ARMENIA AVENUE	43 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *[Signature]* **1/18/96** **813-879-2291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)