

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841654 (7)
1. Corporation Name
JAMES B. RUSSELL, INC.



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified
10/18/1978

2. Principal Place of Business 21	2a. Mailing Address 26
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4. FEI Number 22-2934513	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State 23	City & State 28
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6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FRANK LLANEZA
3104 N ARMENIA AVENUE
TAMPA, FL
33607**

10. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLUMENTHAL, DANIEL 80 CHESTNUT RIDGE RD. SADDLE RIVER NJ	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELTZER, SHERWIN 38 MABRO DRIVE DENNVILLE NJ	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, CONSTANTINO 3104 N. ARMENIA AVENUE TAMPA FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LLANEZA, FRANK 3104 N. ARMENIA AVENUE TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 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 REQUIRED **C. GONZALEZ 01-08-98 813-879-2291**

CR2E034 (10/97)