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

PROFIT CORPORATION ANNUAL REPORT



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

			-	19	9	6	
-	\sim	\sim					

DOCUMENT # K704 1. Corporation Name JURITACTICS, INC.	493 (7)		
Principal Place of Business	Mailing Address		
GARY P. MORAN 11530 SW 80 ST MIAMI FL 33173	GARY P. MORAN 11530 SW 80 ST MIAMI FL 33173		
			3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1989 08/03/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
1	26		65-0118342 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
3	28		Trust Fund Contribution Added to Fees
2ιρ (Country 25)	Z _{ip}	Country 30	8. This corporation has liability for intangible tax under s 199,032, Florida Statutes
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered Agent
MODAN CARY R		81 Name	
MORAN, GARY P. 11530 SW 80 ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)
MIAMI FL 33173		83	
		84 City	let 2 Oada
Pursuant to the provisions of Sections 607 or registered agent, or both, in the State of the sections of the section of t	.0502 and 607.1508, Florida Statu Florida. Such change was authori.		PL 85 Zip Code oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE Signature, typed or printed name of registere	id agont and little if applicable. (N	tes, the above-named corporated by the corporation's boas.	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE Signature, typed or printed name of registere 12. OFFICER	id agent and little if applicable. (N IS AND DIRECTORS	tes, the above named corporation's boased by the corporation's boase. OTE: Registered Agent signature register.	PL Dration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registere 12. OFFICER TITLE P MORAN, GARY P.	id agont and little if applicable. (N	tes, the above-named corporated by the corporation's boas.	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE Signature, typed or printed name of registere 12. OFFICER TITLE P MORAN, GARY P. 11530 SW 80 ST	id agent and little if applicable. (N IS AND DIRECTORS	tes, the above named corporation's boasts. OTE Registered Agent signature rejules 13. 1.1 TITLE	PL Dration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registere 12. OFFICER TITLE P MORAN, GARY P.	od agont and title if application. (N IS AND DIRECTORS	tes, the above named corporation's boasts. OTE Registered Agent signature region 1.1 TIFLE 1.2 NAME	PL Dration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, typod or printed name of registere 12. OFFICER TITLE P MORAN, GARY P. 11530 SW 80 ST MIAMI FL ITTLE	id agent and little if applicable. (N IS AND DIRECTORS	tes, the above named corporate by the corporation's boasts. ITE Registered Agent signature register. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	PL Dration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registere 12. OFFICER TITLE P MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE NAME	od agont and title if application. (N IS AND DIRECTORS	tes, the above-named corporated by the corporation's boas. OTE: Registered Agent signature regions. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME	PL
SIGNATURE Signature, typed or printed name of registere P MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE MARKE STREET ADDRESS STREET ADDRESS	od agont and title if application. (N IS AND DIRECTORS	tes, the above-named corporated by the corporation's boas. OTE: Registered Agent signature register. 13. 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	PL
SIGNATURE Signature, typed or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL ITHE NAME STREET ADDRESS CITY-ST-ZIP OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL STREET ADDRESS CITY-ST-ZIP	od agont and title if application. (N IS AND DIRECTORS	tes, the above-named corporated by the corporation's boas. OTE: Registered Agent signature regions. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME	PL
SIGNATURE Signature, typed or printed name of registere P MORAN, GARY P. 11530 SW 80 ST MIAMI FL ITHE NAME STREET ADDRESS DITY-ST-ZIP ITHE STREET ADDRESS DITY-ST-ZIP ITHE	of agont and title if applicative. (N IS AND DIRECTORS DELETE	tes, the above-named corporation's boases. In the segnitive of a segnitive of the corporation's boases. In the segnitive of	PL
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL ITTLE VAME STREET ADDRESS CITY- ST-ZIP ITTLE VAME VAME VAME VAME	of agont and title if applicative. (N IS AND DIRECTORS DELETE	tes, the above-named corporation's boas s. OTE: Registered Agent signature register. 13. 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	PL
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL ITTLE NAME STREET ADDRESS CITY- ST-ZIP ITTLE NAME STREET ADDRESS CITY- ST-ZIP ITTLE STREET ADDRESS CITY- ST-ZIP ITTLE STREET ADDRESS CITY- ST-ZIP ITTLE STREET ADDRESS CITY- ST-ZIP	ed agont and title if applicable. (N. IS AND DIRECTORS DELETE DELETE DELETE DELETE	tes, the above-named corporation's boas s. OTE: Registered Agent signature regular 13. 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	pration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am Part
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE	of agont and title if applicative. (N IS AND DIRECTORS DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature regides 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Tifle 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifle	PL
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME NAME NAME NAME NAME NAME NAME NAME NAME	ed agont and title if applicable. (N. IS AND DIRECTORS DELETE DELETE DELETE DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature regular 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME	pration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am Part
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS	ed agont and title if applicable. (N. IS AND DIRECTORS DELETE DELETE DELETE DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature regular 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TiFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TiFLE 4.2 NAME 4.3 STREET ADDRESS	pration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am Part
SIGNATURE Signature, typod or printed name of registere POPER MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE HAME STREET ADDRESS DITY-ST-ZIP HUE HAME STREET ADDRESS DITY-ST-ZIP HUE HAME STREET ADDRESS DITY-ST-ZIP HUE HAME HAM	ed agont and title if applicable. (N. IS AND DIRECTORS DELETE DELETE DELETE DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature regular 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME	pration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am Part
SIGNATURE Signature, typod or printed name of registere POPER MORAN, GARY P. 11530 SW 80 ST MIAMI FL THE HAME STREET ADDRESS DITY-ST-ZIP HUE HAME STREET ADDRESS DITY-ST-ZIP HUE HAME STREET ADDRESS STREET A	d agont and title if applicable. (N IS AND DIRECTORS DELETE DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature regular 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	pration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am DATE
SIGNATURE Signature, speed or printed name of registere P MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NA	d agont and title if applicable. (N IS AND DIRECTORS DELETE DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature regular 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TiFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE	pration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am DATE
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS STY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE DELETE DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature regides 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Tifle 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifle 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME	pration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am DATE
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL DITLE NAME STREET ADDRESS DITY-ST-ZIP DITLE	d agont and title if applicable. (N IS AND DIRECTORS DELETE DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature revides 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifle 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.1 TIFLE 6.1 TIFLE 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 TIFLE 6.5 STREET ADDRESS 6.5 CITY-ST-ZIP 6.6 TIFLE	pration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am DATE
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME	DELETE DELETE DELETE	ites, the above-named corporated by the corporation's boas. ITE Registered Agent signature revides 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Tifle 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifle 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 Tifle 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 Tifle 6.2 NAME	Dration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am DATE
SIGNATURE Signature, typod or printed name of registere 12. OFFICER P MORAN, GARY P. 11530 SW 80 ST MIAMI FL ITTLE NAME STREET ADDRESS CITY- ST-ZIP ITTLE NAME STREET ADDRESS CITY- ST-ZIP ITTLE STREET ADDRESS CITY- ST-ZIP ITTLE STREET ADDRESS CITY- ST-ZIP ITTLE STREET ADDRESS CITY- ST-ZIP	DELETE DELETE DELETE	tes, the above-named corporation's boas s. ITE Registered Agent signature revides 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifle 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.1 TIFLE 6.1 TIFLE 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 TIFLE 6.5 STREET ADDRESS 6.5 CITY-ST-ZIP 6.6 TIFLE	Dration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am DATE

SIGNATURE: