

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:59

DOCUMENT # L86766 (7)

1. Corporation Name
17TH & HONORE, INC.

Principal Place of Business Mailing Address
**6565 GATEWAY AVENUE 6565 GATEWAY AVENUE
SARASOTA FL 34231 SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		07/06/1990		02/10/1994	
22		27		4. FEI Number		Applied For	
City & State		City & State		65-0250369		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip		Country		Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		29		30		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEA, JOHN J., JR 720 ORANGE AVE., S. SARASOTA FL 34238				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (Signature, typed or printed name of registered agent and date if applicable) _____ (Signature, typed or printed name of registered agent and date if applicable) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, MARTIN I.	1.2 NAME	
STREET ADDRESS	6565 GATEWAY AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	1.4 CITY ST ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYR, FRITZ	2.2 NAME	
STREET ADDRESS	6565 GATEWAY AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, MARIAN M.	3.2 NAME	
STREET ADDRESS	6565 GATEWAY AVE.	3.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	3.4 CITY ST ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUA, JAMES	4.2 NAME	
STREET ADDRESS	6565 GATEWAY AVE.	4.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 hereon. (Print in full with an address)

SIGNATURE: *Martin I. Moss* June 12 '95 9224566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Electronic Filing)

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L88781 (4)

1. Corporation Name
JUSTINTIME COMPUTERS, INC.

Principal Place of Business: % THOMAS J. DOWDELL III, 11300 OVERSEAS HWY, MARATHON FL 33050
Mailing Address: % THOMAS J. DOWDELL III, 11300 OVERSEAS HWY, MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-3030494
Applied For: Not Applicable
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 interagency fees under a 1995 Code, Florida Statutes: Yes No

2. Principal Place of Business: 21 JUSTINTIME COMPUTERS, Suite, Apt. #, etc.: 22 164 INDIES DR SOUTH, City & State: 23 MARATHON, FL, Zip: 24 33050, Country:
2a. Mailing Address: 26 JUSTINTIME COMPUTERS, Suite, Apt. #, etc.: 27 PO BOX 501624, City & State: 28 MARATHON, FL, Zip: 29 33050, Country: 30

9. Name and Address of Current Registered Agent
DOWDELL, THOMAS J., III
11300 OVEARSEAS HWY
MARATHON FL 33050

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 within 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: [Signature] (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: JUSTIN, RUSSELL A.
STREET ADDRESS: 100 W 63RD ST, OCEAN
CITY, ST, ZIP: MARATHON FL
TITLE: D
NAME: JUSTIN, RICHARD E.
STREET ADDRESS: 398 116TH ST
CITY, ST, ZIP: MARATHON FL
TITLE: D
NAME: JUSTIN, LINDA M.
STREET ADDRESS: 398 116TH ST
CITY, ST, ZIP: MARATHON FL

13. ADDITIONAL OFFICERS, DIRECTORS, AND EMPLOYEES
11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE: Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
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 110.07(3)(b), 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 circulate this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: [Signature] VP RICHARD JUSTIN JUN 6, 1995 305 7439169
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 13)

CR2E034 (3/95)