

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053947 (6)**

1. Corporation Name

EJS VENTURES, INC.

Principal Place of Business

**3431C E. COLONIAL DRIVE
ORLANDO FL 32803
US**

Mailing Address

**522 S WISTERIA DRIVE
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/29/1993**
3a. Date of Last Report: **06/21/1994**

2. Principal Place of Business

21. **3004 Jon Jon CT**

2b. Mailing Address

26. **3004 Jon Jon CT**

4. FEI Number: **APPLIED FOR 59-3194512**
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 intangible tax under S 199.032, Florida Statutes: Yes No

22. Suite, Apt #, etc.

27. Suite, Apt #, etc.

23. City & State

28. **ORLANDO FL 32822**

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**SHIVER, EDWIN J JR
522 S WISTERIA DRIVE
MELBOURNE FL 32901**

**3004 Jon Jon CT.
ORLANDO, FL 32822**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable): **3004 Jon Jon CT.**
B3.
B4. City: **ORLANDO, FL** B5. Zip Code: **32822**

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 607.0509, Florida Statutes.

SIGNATURE

E.J. Shiver **E.J. SHIVER owner/president**

12. OFFICERS AND DIRECTORS

1. TITLE: **D owner/president**
2. NAME: **SHIVER, EDWIN J JR**
3. STREET ADDRESS: **522 S WISTERIA DRIVE 3004 Jon Jon CT**
4. CITY, ST, ZIP: **MELBOURNE FL 32901 ORLANDO, FL 32822**

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: **P owner/president** Change Addition
2. NAME
3. STREET ADDRESS: **3004 Jon Jon CT**
4. CITY, ST, ZIP: **ORLANDO, FL 32822**

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the trustee or trustee-in-possession of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if removed) or as an attachment with an address.

SIGNATURE:

E.J. Shiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (407) 897-3704