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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 841654

(7)

JAMES B. RUSSELL, INC.

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



Change

Addition

Principal Place of Business Mailing Address													
C/O FRANK LLANEZA C/O FRANK LLANEZA 3104 N ARMENIA AVE. 3104 N ARMENIA AVE. TAMPA FL 33607-8634 TAMPA FL 33607-8634							DO NOT WRITE IN THIS SPACE						
]										3. Date Incorporated or Qualifie	<u> </u>		
									_	10/18/1978			
2. Principal P	lace of Busine	ess	2a	. Mailing Add	dress					4. FEI Number			Applied For
21			26	L					_	22-2934513			Not Applicable
Suite, Apt.	#, etc.			Suite, Apt.	#, etc.					5. Certificate of Status Desired	X		5 Additional
22			27							3. Certificate of Clatter Desired		Fee	Required
City & State	e			City & State	3					6. Election Campaign Financing		\$5.0	May Be
23			28							Trust Fund Contribution		Adde	d to Fees
Zip	_	Country	<u> </u>	Zip		Cou	ntry	•		8. This corporation owes or has	paid the cur	rent year	
24		25	29			30				Personal Property Tax due Ju		Yes	No No
	g. Name	and Address of Curre	nt Regis	stered Agent	<u>:                                    </u>		_			10. Name and Address of New	Registered	Agent	
	ANK LLANEZ						81	Name					
3104 N ARMENIA AVENUE				82	Street /	Addres	ss (P.O. Box Number is Not Accept	able)					
	MPA, FL						83						<del></del>
336	107						55						
	,						84	City			FL	85 Zi	p Code
11. Pursuant	to the provision	ons of Sections 607.056	02 and 6	307.1508. Flor	rida Statuter	s. the at	2006	s-named	corpoi	ration submits this statement for the	e purpose o	f changing	its registered
office or r	egistered age	ent, or both, in the State h, and accept the oblig	e of Flori	ida. Such cha	ange was au	uthorized	d by	the corp	oratio	n's board of directors. I hereby acc	ept the app	ointment a	as registered
SIGNATURE													-
5/4/1/5/12	Signature, typed o	gs benetzigen to eman benning x	ent and tilk	e if applicable.	(NOTE:	Registered	1 Age	nt signature	required	when reinstating)	DATE		
12.		OFFICERS AN	ID DIRE			13.				ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	PD			[] [	DELETE	1.1 Til	ſLΕ					Change	e 🔲 Addition
NAME	BLUMENT	THAL, DANIEL				1.2 NA	ME	ĺ					
STREET ADDRESS	80 CHES	tnut ridge RD.				1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	SADDLE	RIVER NJ				1.4 CI	TY-S	T-ZIP					
TITLE	S			(	DELETE	2.1 TI	ΓLE					☐ Change	e 🔲 Addition
NAME	SELTZER	, SHERWIN				2.2 NA	ME	ĺ					
STREET ADDRESS	38 MABR	O DRIVE				2.3 ST	REET	ADDRESS					
CITY-SI-ZIP	DENNVILI	LE NJ				2. 4 C	ITY-S	ST-ZIP					
TITLE	TD				DELETE	3 1 TIT	TLE.					Change	e Addition
NAME	GONZALE	EZ, CONSTANTINO				3.2 NA	ME	ſ					
STREET ADDRESS		ARMENIA AVENUE				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	TAMPA F					3.4. CI	TY-S	ST-ZIP					
TITLE	VD	<del></del>			DELETE	4.1 TIT	$\overline{}$					Change	Addition
NAME	LLANEZA	FRANK				4. 2 N	AME	- 1				_	
STREET ADDRESS		ARMENIA AVENUE				1		ADDRESS					

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 any attachment with an address.

4.4 <u>CIT</u>Y-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

TAMPA FL

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

REQUIRECC. GONZALEZ 01-08-98 813-879-2291