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

SIGNATURE:

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** F44710 TIMELY TICKERS, INC. Principal Place of Business Mailing Address 502 APACHE TRAIL 502 APACHE TRAIL **BRANDON FL 33511 BRANDON FL 33511** 3a. Date of Last Report 3. Date Incorporated or Qualified 09/16/1981 01/19/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2157411 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under \$ 199.032, Country Country Zin Florida Statutes 💢 Yes 🗌 No 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) JANSS, BRADLEY R **502 APACHE TRAIL** 83 **BRANDON FL 33511** Zip Code 85 84 11. Pursuant to the provisions of Sections 607 0502 and 607 2508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or noth, in the State of Florida. Such change was just onzed by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept th Statutes DATE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE 1.1 1010 TITLE **PST** 1.2 NAME Janss, Bradley R 13 STHEFT ADDRESS **502 APACHE TRAIL** STREET ADDRESS **BRANDON FL** 1.4 CHTY - \$1-ZIP CITY - ST - ZIP Addition Change DELETE 2.110 (8 TITLE 2.2 NAME JANSS, BRADLEY R NAME **502 APACHE TRAIL** 2.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 2.4 City - \$1 - 7if\* CITY - ST - ZIP ☐ Change Addition DELETE 3.11016 TITLE 3.2 NAMI NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST. 2IF CITY ST-7P **"Effection" †** - 03/27/96 01010 Addition DELETE 4.13003 THILE NAME \*\*\*200.00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY+S1-7:P CITY-ST-ZIP Change Addition DELETE 5 A TOTAL TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - \$1 - 2IP CITY-St-7IP Addition Change DELFTE TITLE 6.1 TIME 62 NAME NAME 6.3 STREET AUDRESS STREET ADDRESS 6.4 CHTY - ST - ZIP CITY-ST-ZIF shed and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further tal report is true and accurate and that my signature shall have the same legal effect as if made under a empywered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information certify that the information indicated of eath; that I am an officer or director of appears in Block 12 or Block 13 if that uphlied with this filing is voluntarily annual report or supplementa