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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G54037** **(8)**

1. Corporation Name
J. L. P. CUSTOM ENCLOSURES, INC.

Principal Place of Business	Mailing Address
2333 FEATHER SOUND DR B303 CLEARWATER FL 34622 US	P O BOX 26513 TAMPA FL 33623-6513 US

3. Date Incorporated or Qualified: 08/12/1983
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business
21: 903 PINELLAS BAY WAY
Suite, Apt. #, etc.
22: 101
City & State
23: TIERRA VERDA FL.
Zip: 24: 33715
Country: 25: PINELLAS

2a. Mailing Address
26: SAME AS ABOVE
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 59-1758115 ☐ 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

9. Name and Address of Current Registered Agent

PULS, JOHN L.
2333 FEATHER SOUND DR
SUITE B-303
CLEARWATER FL 34622

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, 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: John L Puls Pres. 3-24-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P.	☒ Change ☐ Addition
NAME	PULS, JOHN L		1.2 NAME	PULS JOHN L.	
STREET ADDRESS	2333 FEATHER SOUND DR SUITE B-303		1.3 STREET ADDRESS	903 PINELLAS BAY WAY APT 101	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	TIERRA VERDE FLA 33715	
TITLE	VP	☒ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	PULS, JOHN L.		2.2 NAME	PULS JOHN L.	
STREET ADDRESS	2333 FEATHER SOUND DR SUITE B-303		2.3 STREET ADDRESS	903 PINELLAS BAY WAY APT 101	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	TIERRA VERDA FLA 33715	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 an attachment with an address.

SIGNATURE: John L Puls Pres 3-24-97 813-866-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0369679