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Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
**903 PINELLAS BAY WAY
101
TIERRA VERDE FL 33741
US**

Mailing Address
**P O BOX 26513
TAMPA FL 33623-6513
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	903 PINELLAS BAY WAY	26	P O BOX 26513	08/12/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2785163 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	107	City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	TIERRA VERDE FL	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 33715	25	Country PINELLAS	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29	Zip	30	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PULS, JOHN L. 2333 FEATHER SOUND DR SUITE B-303 CLEARWATER FL 34622		81 Name PULS JOHN L	
		82 Street Address (P.O. Box Number is Not Acceptable) 903 PINELLAS BAY WAY APT 107	
		83	
		84 City TIERRA VERDE FL 85 Zip Code 33715	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PULS JOHN L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULS, JOHN L	1.2 NAME	903 PINELLAS BAYWAY UNIT 107
STREET ADDRESS	903 PINELLAS BAY WAY APT 101	1.3 STREET ADDRESS	TIERRA VERDE FL 33715
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	PULS JOHN L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULS, JOHN L	2.2 NAME	903 PINELLAS BAYWAY. UNIT 107
STREET ADDRESS	903 PINELLAS BAY WAY APT 101	2.3 STREET ADDRESS	TIERRA VERDE FL 33715
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an attachment with an address.

SIGNATURE: _____

John L. Puls

3-3-98

813-8660228

CR2E034 (10/97)