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

PROFIT CORPORATION ANNUAL REPORT



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

1996

101

1. Corporation	n Name	# J3/U AND ASSOCIAT		(6)				# 1181 8 1811 81 8 11 8181	
Principal Place of Business			Mailing Addre	Mailing Address				FI NADE ONDIN ENDIN BIEN	
3932 VERSAILLES DR TAMPA FL 33634 US			3932 VERSA	3932 VERSAILLES DR TAMPA FL 33634					
							 Date Incorporated or Qualified 10/02/1986 	3a. Date of L 03/28	ast Fleport /1995
2. Principal Pl	lace of Busin	ess		2a. Mailing Address			4. FEI Number 59-2723794	~ -4	Applied For
Suite. Apt.	#, etc.	**************************************		Suite, Apt. #, etc				\$!	Not Applicable 3.75 Additional
22			27				5. Certificate of Status Desired	1 1 7	Fee Required
City & State	θ		City & Stat	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	' '			p Country 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24 25 29 3i 9. Name and Address of Current Registered Agent							10. Name and Address of New I		t
				·	81	Name			
DILL, JR. W 3932 VERSAILLES DRIVE						Street Add	Address (P.O. Box Number is Not Acceptable)		
TAMPA									
						City		85	Zip Code
11 Pursuant t	to the provisi	ons of Sections 607.0	1502 and 607 1509 Evy	ida Statutos	the share r	anned cours	oration submits this statement for the pu	FL °°	
familiar wi	eu agent or	Dom, in the State of F	lorida. Such change wa Section 607.0505, Florid	is authonzed i	by the corp	oration's bo	and of directors. I hereby accept the app	pose of changing pointment as regis	tered agent. I am
SIGNATURE .	Signature, typical	or printed hache of regeneral.	good and the it apple abs	AM ASE	Falgstered Ager	Ls gradut, requi	ed when her et dings		
12.			AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	ICERS AND DIRE	CTORS IN 12
TITLE	PST	DOULDD ID	DI	ELETE	1 1 TI'LE			☐ Ch	ange 🔲 Addition
NAME		. Richard Jr. Ersailles dr			1.2 NAME				
STREET ADDRESS	TAMPA				13 STREET				
CITY-ST-ZIP TITLE	D	TL		EL ETE	2 1 TITLE	T · ZiP			
NAME	-	. RICHARD JR.	ال نيا	LLLTL	2 2 NAME	İ		Cha	ange 🗀 Addition
STREET ADDRESS		ERSAILLES DR			23 SPREE	Annecc			
CITY - ST - ZIP	TAMPA				2 4 CITY - S	ļ			
TITLE	VD	· · · · · · · · · · · · · · · · · · ·	DI	ELETE	3 1 TITLE			☐ Cna	ange Addition
NAME		CHARD A			3.2 NAME				
STREET ADDRESS		ERSAILLES DR			3 3 STREET	ADDRESS			
CITY - ST - ZIP	TAMPA	<u>FL</u>			3 4 CHTY - S	T - 21P			
TITLE			□ DE	ELETE	4 1 THILE			☐ Cha	ange 🔲 Addition
NAME					4.2 NAME				
STREET ADDRESS					4 3 STREET	ADORESS			}
CITY-SI-ZIP TITLE				E) È TE	4.4 CITY - S	T- ZIP			
NAME	1		LJ 0:	LELIL	5 1 TITLE			Cha	ange 🔲 Addition
STREET ADDRESS	1				5.2 NAME	#"norce			
CITY-ST-ZIP					5 3 STREET 5 4 CITY - ST				
TITLE				LEIE	6 1 THILE	1 - 21 -		Cha	ange Addition
NAME					6.2 NAME			01x	a-
STREET ADDRESS					63 STREET	ADDRESS			
CITY - ST - ZIP					6 4 CITY - SI				

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). 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: _

MATURE AND THE GALVINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 8138887602