

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:01

DOCUMENT # P93000063029 (1)

1. Corporation Name

J J'S CUSTOM LURES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

261 44TH AVENUE, NE
ST. PETERSBURG FL 33703

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ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/09/1993** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3202324** 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**

9. Has corporation responsibility for a business for which it is a franchisor? Yes No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. #, etc.

26. State Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCIBELLI, MICHAEL A
261 44 AVE NE
ST PETERSBURG FL 33703**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0509, Florida Statutes, I, the above named corporation, submit 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 607.0509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IN 12

1. NAME	PD NEWMAN, JEFFREY H
2. STREET ADDRESS	4503 TITLE POND RD NEW PORT RICHEY FL
3. CITY	STD
4. NAME	SCIBELLI, MICHAEL A
5. STREET ADDRESS	261 44 AVE NE ST PETERSBURG FL
6. CITY	D
7. NAME	HEILSHORN, JOHN W
8. STREET ADDRESS	300 E 75 ST APT 24K NEW YORK NY
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. NAME	
20. STREET ADDRESS	
21. CITY	

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not equally for the corporation as stated in the laws of the State of Florida. I further certify that the information included 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. I am responsible as director of the corporation for the content of the foregoing report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report as an officer and with authority.

SIGNATURE: *Michael A. Scibelli*
MICHAEL A - SCIBELLI SECRETARY / TREASURER

4/27/95 (813) 522-1091