

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000084391 (0)**

1. Corporation Name

JOHN PAUL ENTERPRISES, INC.



Principal Place of Business

**5040 WATERSIDE DR.
PORT RICHEY FL 34668**

Mailing Address

**5040 WATERSIDE DR.
PORT RICHEY FL 34668**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FERDINAND, JOHN
5040 WATERSIDE DRIVE
PORT RICHEY FL 34668**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3213545

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

10. Name and Address of New Registered Agent

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

Signature of the person who is changing the location of the office or registered agent

Signature of the person who is accepting the appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DP
FRICCHIONE, PAUL
8047 ISLAND DRIVE
PORT RICHEY FL 34668**

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DS
FERDINAND, JOHN
5040 WATERSIDE DR.
PORT RICHEY FL 34668**

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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

Paul A. Fricchione **Paul A. FRICCHIONE**

4-396

845-8230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

DATE OF FILING

CR2E034 (12/95)