

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000031286 (5)

1. Corporation Name
ERJO ENTERPRISES, INC.



Principal Place of Business: 1225-505 W 45 ST MANGONIA PARK FL 33407
Mailing Address: 1225-505 W 45 ST MANGONIA PARK FL 33407

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1916553
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

2. Principal Place of Business: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**BOGGAN, WAYNE
1225-505 W 45 ST
MANGONIA PARK FL 33407**

10. Name and Address of New Registered Agent
81 Name: Ernest Boggan Jr.
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Ernest Boggan Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGAN, WAYNE	1.2 NAME	
STREET ADDRESS	1225-505 W 45 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANGONIA PARK FL 33407	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Ernest Boggan Jr.
STREET ADDRESS		2.3 STREET ADDRESS	803 U.S.A.I.A.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32109
TITLE		3.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Wayne Ernest Boggan
STREET ADDRESS		3.3 STREET ADDRESS	1225-505 W 45 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Mangonia Park, FL 33407
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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: Ernest Boggan Jr. DATE: June 25, 1996 (904) 478-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (3/96)