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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000031538 (9)

1. Corporation Name
RAYMOND AND PATRICIA JOLINE, INC.



Principal Place of Business
1185 CEDAR ST.
SAFETY HARBOR FL 34695

Mailing Address
1185 CEDAR ST.
SAFETY HARBOR FL 34695-2908

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 59-3241942
Applied For: Not Applicable

21. Suite, Apt. #, etc.

26. Suite Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOLINE, RAYMOND
633 SOUNDVIEW DRIVE
PALM HARBOR FL 34693

81. Name

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: Raymond Joline

(NOTE: Registered Agent signature required when reinstating)

2/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D [] DELETE
NAME: JOLINE, RAYMOND
STREET ADDRESS: 633 SOUNDVIEW DRIVE
CITY-ST-ZIP: PALM HARBOR FL

1.1 TITLE: [] Change [] Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: D [] DELETE
NAME: JOLINE, PATRICIA
STREET ADDRESS: 633 SOUNDVIEW DRIVE
CITY-ST-ZIP: PALM HARBOR FL

2.1 TITLE: [] Change [] Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE: [] Change [] Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE: [] Change [] Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: [] Change [] Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: [] Change [] Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do 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: Raymond Joline 2/27/97 (813) 725 5569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)