

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 2: 15

DOCUMENT # P94000089120 (7)

1. Corporation Name
JURASSIC AGE ENTERTAINMENT CORPORATION

Principal Place of Business
**6330 46TH STREET NORTH
UNIT D
PINELLAS PARK FL 34665**

Mailing Address
**6330 46TH STREET NORTH
UNIT D
PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/08/1994

3a. Date of Last Report
—

4. FEI Number
59-3283143

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. 193.032, Florida Statutes Yes No

2. Principal Place of Business
21 [] 2a. Mailing Address
26 []

Suite, Apt. #, etc
22 [] 27 []

City & State
23 [] 28 []

Zip Country
24 [] 25 [] 29 [] 30 []

9. Name and Address of Current Registered Agent

**BATTERSHILL, CHRISTOPHER
6330 46TH STREET NORTH
UNIT D
PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent

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

Signature: Typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTERSHILL, CHRISTOPHER	12. NAME	Battershill, Christopher
STREET ADDRESS	530 7TH AVE NORTH	13. STREET ADDRESS	530 7th Ave. No.
CITY- ST- ZIP	ST PETERSBURG FL 33701	14. CITY- ST- ZIP	St. Pete., FL No 33701
TITLE	D	21. TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORRITIE, RICHARD F	22. NAME	Dorritie, Richard F
STREET ADDRESS	4934 17TH AVE NORTH	23. STREET ADDRESS	4934 17th Ave. No.
CITY- ST- ZIP	ST PETERSBURG FL 33710	24. CITY- ST- ZIP	St. Pete., FL 33710
TITLE		31. TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	Dorritie, Sherilyn
STREET ADDRESS		33. STREET ADDRESS	4934 17th Ave. No.
CITY- ST- ZIP		34. CITY- ST- ZIP	St. Pete., FL 33710
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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 110.07(3)(h), 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 of the owner 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 in conjunction with an address.

SIGNATURE: *Christopher Battershill* Christopher Battershill 4-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (813) 527-7143