

**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 [ ]

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

23 [ ] City & State 28 [ ] City & State

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

**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**  
NAME **BATTERSHILL, CHRISTOPHER**  
STREET ADDRESS **530 7TH AVE NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

11 TITLE **D/P**  Change  Addition  
12 NAME **Battershill, Christopher**  
13 STREET ADDRESS **530 7th Ave. No.**  
14 CITY-ST-ZIP **St. Pete., FL 33701**

TITLE **D**  
NAME **DORRITIE, RICHARD F**  
STREET ADDRESS **4934 17TH AVE NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

21 TITLE **V/S/D**  Change  Addition  
22 NAME **Dorritie, Richard F**  
23 STREET ADDRESS **4934 17th Ave. No.**  
24 CITY-ST-ZIP **St. Pete., FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE **T**  Change  Addition  
32 NAME **Dorritie, Sherilyn**  
33 STREET ADDRESS **4934 17th Ave. No.**  
34 CITY-ST-ZIP **St. Pete., FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
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 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 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