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**Apr 03 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 # P94000089120 (7)

1. Corporation Name
JURASSIC AGE ENTERTAINMENT CORPORATION



Principal Place of Business Mailing Address
6330 46TH STREET NORTH UNIT D PINELLAS PARK FL 34665 **6330 46TH STREET NORTH UNIT D PINELLAS PARK FL 33781-5970**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1994	3a. Date of Last Report 04/10/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3283143	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BATTERSHILL, CHRISTOPHER 6330 46TH STREET NORTH UNIT D PINELLAS PARK FL 34665			81 Name Sherilyn Dorritye	85 Zip Code 33781	
			82 Street Address (P.O. Box Number is Not Acceptable) 6330 46 St. No.		
			83 Unit D		
			84 City Pinellas Park	FL	

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: *Sherilyn Dorritye* **Sherilyn Dorritye** DATE: **3-10-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTERSHILL, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	530 7TH AVE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORRITYE, RICHARD F	2.2 NAME	Dorritye, Richard F.
STREET ADDRESS	4934 17TH AVE NORTH	2.3 STREET ADDRESS	4934 17 Ave. No.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORRITYE, SHERILYN	3.2 NAME	Dorritye, Sherilyn
STREET ADDRESS	4934 N 17 AVE	3.3 STREET ADDRESS	4934 17 Ave. No.
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Sherilyn Dorritye* **Sherilyn Dorritye** DATE: **3-10-97** (813) 527-7143
Signature typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)