FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093767 (9)**

1. Corporation Name
JMU ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1042 BIRKDALE TRAIL WINTER SPRINGS FL 32708	1042 BIRKDALE TRAIL WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report:

2. Principal Place of Business 21 5938 Red Bug Lake RD.	2a. Mailing Address 26 5938 Red Bug Lake RD	4. FEI Number: 59-3284626 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 WINTER SPRINGS, FL.	City & State 28 WINTER SPRINGS, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 32708 / 25 USA	Zip / Country 29 32708 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No For 1996

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLAVIN, GRACE A 1340 TUSKAWILLA RD WINTER SPRINGS FL 32708	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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	ULANOSKI, JOSEPH P	12 NAME	
STREET ADDRESS	1042 BIRKDALE TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ULANOSKI, BARBARA A	22 NAME	
STREET ADDRESS	1042 BIRKDALE TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ULANOSKI, JOSELLE M	32 NAME	
STREET ADDRESS	1042 BIRKDALE TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: Joseph P. ULANOSKI Joseph P. Ulanoski 4-15-95 407 699 6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000380 FP