FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P94000093767 (9)

JMU ENTERPRISES, INC.

FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 5938 RED BUG LAKE RD 5938 RED BUG LAKE RD WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-5035							
US US	NGS FL 32708	WINTER SPRINGS FL 32 US	2708-5035		3. Date Incorporated or Qualified 12/22/1994	3a. Date of Last 04/29/1996	
2. Principal Place of Business 2a. Mailing Address			······		4. FEI Number		oplied For
21	26			59-3284626		lot Applicable	
Suite Apt. # etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State		6. Election Campaign Financing		May Be	
23	Country	Zip	Countr		Trust Fund Contribution		to Fees
Zip 24	Country		30	y	8. This corporation has liability for interfigible tax under s. 199.032, Florida Statutes Yes \(\begin{align*} \text{Yes} \\ \extstyle \text{No} \extstyle \text{No} \\ \ext{No} \\ \ext		
[24]	9. Name and Address of Current	·	30		10. Name and Address of New Re		
inc	SEPH ULANOSKI		81	Name			,
	8 RED BUG LAKE ROAD			Charat Adda	trans (D.O. Doy Number in Not Assents	hlo\	
WINTER SPRINGS FL 32708			62	Street Add	fress (P.O. Box Number is Not Accepta	310)	
			83				
ļ			84	0:4		Tari 7:	C- 4-
i			**	City		FL 85 Zip	Code
SIGNATURE	mi familiar with, and accept the obliga Signetic Species printed name of registrica ago OFFICERS AND	t and title if applicable. (NC			uired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIBECTO	PRS IN 12
THUE	D DELETE		1.1 TITLE	P		Change Change	Addition
HAME	ULANOSKI, JOSEPH P		1.2 NAME UL		LANOSKI JOSEPH 113 ANDOVER CIRC	P.	
STREET ADDRESS	1042 BIRKDALE TRAIL		1.3 STREE	T ADDRESS 7	113 ANDOVER CIRC		i
CHY+51 ZiP	WINTER SPRINGS FL 92700		1.4 CITY -	ST-ZIP L	NINTERSPRINGS,	FL, 32708	
11TLE	D DELETE		2.1 TITLE	- P	,	Change	Addition
NAME	ULANOSKI, BARBARA A		2 2 NAME	40	LANOSKI BARBARA	1_4.	
STREET ADDRESS	1012 BIRKDALE TRAIL		1		13 ANDOVER CIRCL	たく マコフか	S
C-TY ST-ZH	WINTER CPRINGS FL 92708	DELETE	2. 4 CITY	ST-ZIP	VINIER SPRINGS	Change	Addition
TITLE NAME	D ULANOSKI, JOSELLE M	Tal nerets	3.1 TITLE	-	Valley VI Tanger		FTT Modition
NAME ATTRIBUTES	-1042 BIRKDALE TRAIL		3.2 NAME	T ADDRESS 7	LANOSKI JOSELLE 13 ANDOVER CIRCI	r m.	
STREET ADDRESS	WINTER SPRINGS FL 32706		3.4. CITY -		INTED Chairles	FL. 3270	7
CHY ST-797	THE THE PERSON OF THE PERSON	DELETE	4.1 TITLE	JI-EIT M	IN IER SPRINGS,	☐ Change	
NAME		<u></u>	4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-S"-ZIP			4.4 CITY-				i
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME:			5.2 NAME				
STREET ADDRESS			53STREE	T ADDRESS			
CHTV+S1+ZiP	_		54 CITY-	ST-ZIP	·		
TIFLE		DEFELE	61 TITLE			Change	☐ Addition
NAME			6.2 NAME				
SHREET ADDRESS			6.3 STREE	T ADDRESS			1
CITY-ST-ZIP			6.4 CITY -	ST-ZIP			
4 4 1 -1 4	and the second of the second o	s delicate dell'accident and accident	ve 1 . 11		of in Contine 140 07(2)(i) Florida Ctatud		

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 inclicated 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRIECTOR ULANOSK: 4-18-97 407 699

CHZE034 (9/96)