SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000011585 (3)

D. J. INDUSTRIES OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address 11028 4TH STREET NORTH 11028 4TH STREET NORTH ST. PETERSBURG FL 33702 ST PETERSBURG FL 33702					
SI. PETENSE	UNG FL 33702	ST. PETERSBURG FL 33	702	3. Date Incorporated or Qualified 02/10/1995	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59 - 330 67	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, exc:	ar lar	5. Certificate of Stalus Desired	\$8.75 Additional Fee Required
City & State	Spron	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	(Lountry 25	Zıp	Country 30	This corporation has liability for it Florida Statutes	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	istered Agent
RII	BINO, MICHAEL		81 Name		
11028 4TH STREET NORTH ST. PETERSBURG FL 33702			82 Street Address (P.O. Box Number is Not Acceptable)		
			84 City		85 Zip Code
11 Purcuant	to the acquisions of Scatters 607.0	600 and 603 1500 Flames Challes			
office or re	agistered agent, or both, in the Sta	te of Florida, Such change was a	es, the above named corporat uthorized by the corporat	poration submits this statement for the purion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
	4	///	rida Statutes		7 31 6/
SIGNATURE	MIKE KUBINU		E. Ricgistered Agent signature requ	3. 31.1 (20.2)	7-31-96
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELFTE	11 TITLE		Change Addition
NAME	RUBINO, MICHAEL		1.2 NAME		-
STREET ADDRESS	11028 4TH ST. NORTH		13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 3370	2	1.4 CITY - S1 - ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34 CITY - ST - ZIP 4 1 TITLE		
NAME		C Secret	4 1 111LF 4 2 NAME		Change Addition
STREET ADDRESS			4		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City St-Zip		
THILE		DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		20209
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CHY - ST - 71P		
14. I do hereb further cer	y certify that the information suppli- tify that the information indicated c	ed with this filing is voluntarily fur	nished and does not qua	lify for the exemption stated in Section 11	9 07(3)(k), Florida Statutes T

SIGNATURE: