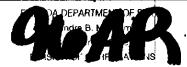
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996





DOCUMENT # 1. Corporation Name

P95000016300 (2)

IT'S A JAG, INC.

		i
Principal Place of Business	Mailing Address	:
	•	
P.O. BOX 14610	P.O. BOX 14610	. '

APPROVED AND

1996 NOV 15 PH 3: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing	Address				I NOTINOTI NA IBANI BANI BANI BANI BANI BANI TANO TINO TINO TINO DAN 1891
P.O. BOX 14610 P.O. BOX 14610 BRADENTON FL 34280 BRADENTON FL 34280		:					
D. 4 M D. 11 1 0		5					3. Date incorporated or Qualified 3a. Date of Last Report
						:	4. FEI Workbet Applied For
Principal Pla Principal Pla	ace of Business	2a. Mai 26	iling Address			!	4. FEI NOMBER OF Applied For Not Applicable
Sulte, Apt. 1	#, etc.	27 Sul	Suite, Apt. #, etc.		-	Certificate of Status Desired	
City & State	}	-	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Co	untry		This corporation has liability for intangible tax under s 199.032,
24	25	29		30	·		Florida Statutes Yes No
1	g. Name and Address of Curren	nt Registere	d Agent		T		10. Name and Address of New Registered Agent
					81	Name	me
					-	<u> </u>	eet Address (P.Ö. Box Number is Not Acceptable)
	IEWS, TERENCE				82	Stree	Bit Worldss (L.O. DOV MOLLING IS LANT WOODING)
	eth st. West				83	1	
SUITE	D			-			
Brade	NTON FL				84	Clty	FL 85 Zip Code
44 Directiont t	o the proviolant of Sections 607.0500	and 607 15	08 Florida Statut	tac the ah		amed	d corporation submits this statement for the purpose of changing its registered office
or register	ed agent, or both, in the State of Flori	da. Such cha	inge was authoria	zed by the	comp	oration'	n's board of directors. I hereby accept the appointment as registered agent. I am
familiar wit	th, and accept the obligations of, Sect	tion 607.0505	5, Florida Statute	S.		i	
SIGNATURE.							DATE:
	Signature, typed or printed name of registered agent				d Agen	t signature	ure required when reinstating! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	DURECTOR	DELETE	13.	T(T) E	-	DIP Change Addition
TITLE			☐ bereit		TITLE		- 1-1.
NAME					IAME		risa J. Shiffied
STREET ADDRESS	DRESS 1.3 STREET ADD			ADDRESS			
CITY-ST-ZIP				1.40	CITY-S	T-ZIP	BROGGO, FL 34800
TITLE			□ DELETE	2. 1	TITLE	:	Change Addition
NAME				2.21	AME	1	
STREET ADDRESS				2.3 9	TREET	ADD RESS	SS
CITY-ST-ZIP				2.4 (CITY-S	T-ZIP	
TITLE			DELETE	3.1	TITLE .		Change Addition
NAME				3.21	IAME		500002008575-4
STREET ADDRESS				3.3.	STREET	ADDRES	500002008575-44 -11/19/9601148004 ****225.00 *****225.00
CITY-ST-2IP				1	CITY-\$	1	*****ととも、いい *****ととも、いい *****ととも、いい ******
TITLE			DELETE		TITLE		Change Addition
NAME	•		-		IAME		
STREET ADDRESS						ADDRESS	. 22
1					SITY-S	1	~~
CITY-S ZIP			DELETE		JIIT-S TITLE	1-51	Change Addition
<u> </u>			Deter			1	
NAME -					IAME		
STREET ADDRESS						ADDRESS	355
CITY-ST-ZIP		•	ETI DECETE		CITY-S	T- ZIP	F Alexander
TITLE			DELETE		TITLE	1	Change Addition
NAME				6.21	IAME	- 1	JEDI VOU
STREET ADDRESS		•		6.3 9	TREET	ADORESS	ss
CITY-ST-ZIP					CITY-S		///
44 Ldo borob	u andifu that the information cumplied	with this filing	ic voluntarily fur	niched and	dos	not o	quality for the exemption stated in Section 119 07(3)(k) Florida Statutes I further

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)(4), 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 eath, 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. I further certify 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. I further certify 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. I further certify 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. I further certification of the corporation of the corporation of the corporation of the corporation or the receiver of the corporation of the c

SIGNATURE: