

**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  
1996**



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

**DOCUMENT # P95000057372 (1)**

1. Corporation Name  
**JEHIAH, INC.**



Principal Place of Business Mailing Address  
**2802 SOUTH TANNER ROAD** **2802 SOUTH TANNER ROAD**  
**ORLANDO FL 32802** **ORLANDO FL 32802**

3. Date Incorporated or Qualified **07/25/1995** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

**9. Name and Address of Current Registered Agent**

**LIGUORI, MICHAEL**  
**2802 SOUTH TANNER ROAD**  
**ORLANDO FL 32820**

**10. Name and Address of New Registered Agent**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>	12 NAME	
STREET ADDRESS	<b>MICHAEL LIGUORI</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>2802 S. TANNER Rd</b>	14 CITY - ST - ZIP	
	<b>ORLANDO, FL. 32820</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY - ST - ZIP	
CITY - ST - ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY - ST - ZIP	
CITY - ST - ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY - ST - ZIP	
CITY - ST - ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY - ST - ZIP	
CITY - ST - ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY - ST - ZIP	
CITY - ST - ZIP		<b>200001931562</b> <b>-08/26/96--01011--021</b> <b>***225.00</b>	

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)(k), 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 611, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Michael Liguri Pres.* **MICHAEL LIGUORI** **7-17-96** **408-382-6300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)