## 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. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000075094	(9)
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## SATEMPEN ODGODNO COMBANY

MIVENL	JELL CRUSSING COMPANY							
Principal Plac	e of Business	Mailing Address					01	
330 SOUTH PINEAPPLE AVENUE 330 SOUTH PINEAPPLE AVE SUITE 206 SUITE 206 SARASOTA FL 34236 SARASOTA FL 34236		AVENUE						
		07110100171 TE 04200			3. Date incorporated or Qualified 09/28/1995	3a. []	ate of Last Report	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65 - 062 8721		Applied For Not Applica	
22	Suite, Apt. #, etc         Suite, Apt. #, etc.           27				5. Certificate of Status Desired	Ø	\$8.75 Additional Fee Required	
23	City & State City & State 28				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zıp <b>24</b>	Country 25	7ip 29	29 30		8. This corporation has liability for intangible tax under s= 199 032, Etorida Statutes Yes No.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered	Agent	
SM	ITH, FRANK F		81 Na	ame				
	) South Pineapple avenue Ite 206		<b>82</b> St	reet Addre	ss (P.O. Box Number is Not Acceptat	ole)		
	RASOTA FL 34236		83					
			84 C	tv			85 Zip Code	
				•		FL		
office or r	to the provisions of Sections 607,0502 egistered agent or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was	authorized by the c	ned corpor corporation	ation submits this statement for the p i's board of directors. I hereby accep	urpose of Lthe appo	Changing its registered pintment as registered	q
SIGNATURE								
	Signature typica or printed name of registered agent		OTE Registered Agent sig	nature required		DATE		
12. Trīlē	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AN		ERZE034 (3/96)
	D CAMPA FOARIN F	[] pereir	11 TITLE				Charige Addit	ාග   බ
NAME	SMITH, FRANK F		1.2 NAME					절
STREET ADDRESS	**************************************		1.3 STREET ADOP					liji I
CITY-ST-ZIP TITLE	SARASOTA FL 34236	DELETE	2.1 TITLE	·			Change Addit	
NAME		L.J. Green	2.2 NAME				Collarige C Matti	
STREET ADDRESS			2 3 STREET ADDR	NC02				
CITY-ST-7IP				1				
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STREET ADDRESS			5 3 STREET ADDR	RESS				
CITY-ST-ZIP			5.4 City - ST ZIP					
TITLE		DELETE	61 TITLE				Change Add	tion
NAME			6.2 NAME					
STREET ADDRESS			63 STREET ADDR	RESS				
CITY-ST-ZIP			6.4 C:TY - ST - ZIP	ļ				
14 I do berel	hu carlib that the information complied	with this films is valuated.	uniohad and daca	not avalit	to the execution stated in Cost on	140.03/01	/la Finde Control	

SIGNATURE:

Ido 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

GNATURE:

7-13-96

941

365-7336

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK FOLSON SMITH, PRES.