

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000083387 (7)

1. Corporation Name

JUST WHEELIN' AROUND, INC.



Principal Place of Business

Mailing Address

811 HANFORD DRIVE  
DELTONA FL 32738-7929

811 HANFORD DRIVE  
DELTONA FL 32738-7929

2. Principal Place of Business

2a. Mailing Address

21 1671-B Providence Blvd.  
Suite, Apt. #, etc.

26 811 Hanford Dr.  
Suite, Apt. #, etc.

22 Deltona FLA  
City & State

27 Deltona FLA  
City & State

23 32725  
Zip

28 32725  
Zip

24 Country  
25 U.S.A.

29 Country  
30 U.S.A.

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

10/31/1995

3a. Date of Last Report

4. FEI Number

59-3342243

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name  
Law Firm of Lawrence J Spiegel Chrtd

82 Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Ave

83 Coral Gables FL 33134

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

*Lawrence J Spiegel*

4-30-96

Signature of officer or director of corporation or authorized agent

DATE Registered Agent signed is required when re-appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
CASEY, GERALD S  
811 HANFORD DRIVE  
DELTONA FL 32738-7929

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD  
CASEY, LORI A  
811 HANFORD DRIVE  
DELTONA FL 32738-7929

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

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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)(x), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED PHONE #

CR2E034 (12/95)