

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000049412**

1. Corporation Name
JUSTUS HOLDINGS, INC
283 N NORTHLAKE BLVD S 111
ALTAMONTE SPRINGS, FL 32701

Principal Place of Business Mailing Address
283 N NORTHLAKE BLVD SU 111 **SAME**
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified JUN 10, 96		3a. Date of Last Report --	
21 283 N NORTHLAKE BLVD	26 283 N NORTHLAKE BLVD	4. FEI Number 59-3383990		Applied For		Not Applicable	
22 S 111	27 S 111	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 ALTAMONTE SPRINGS	28 ALTAMONTE SPRINGS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 32701	25 SEMINOLE	29 32701	30 SEMINOLE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81 Name JACK L SHORT				82 Street Address (P.O. Box Number is Not Acceptable) 705 MULBERRY AVE			
83				84 City CELEBRATION			
85 Zip Code FL 34747							

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **JACK L. SHORT** DATE **5/14/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JACK L SHORT PD
STREET ADDRESS		1.3 STREET ADDRESS	705 MULBERRY AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900002193379
STREET ADDRESS		6.3 STREET ADDRESS	-05/28/97--01062--024
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

14. I declare under penalty that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **JACK L. SHORT** DATE **5/14/97** DAYTIME PHONE # **407-566 3151**

CR2E034 (9/96)