

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

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May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000074145 (9)**

1. Corporation Name  
**JUST IN CASE, INC.**



Principal Place of Business <b>2907 W. BAY TO BAY BLVD.</b> <b>#205</b> <b>TAMPA FL 33629</b>	Mailing Address <b>2907 W. BAY TO BAY BLVD.</b> <b>#205</b> <b>TAMPA FL 33629-8161</b>
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<b>21</b> Principal Place of Business Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a.</b> Mailing Address Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3.</b> Date Incorporated or Qualified <b>09/03/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>59-3403522</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>SCHECHT, NEIL S</b> <b>2907 W. BAY TO BAY BLVD.</b> <b>PENTHOUSE</b> <b>TAMPA FL 33629</b>	
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<b>10. Name and Address of New Registered Agent</b>	
<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>D</b>	<input type="checkbox"/> DELETE
<b>NAME</b> <b>SIGMUND, MARK</b>	
<b>STREET ADDRESS</b> <b>2872 W. VINA DEL MAR BLVD.</b>	
<b>CITY - ST - ZIP</b> <b>ST. PETE BEACH FL 33708</b>	
<b>TITLE</b> <b>D</b>	<input type="checkbox"/> DELETE
<b>NAME</b> <b>SIGMUND, LORI</b>	
<b>STREET ADDRESS</b> <b>2872 W. VINA DEL MAR BLVD.</b>	
<b>CITY - ST - ZIP</b> <b>ST. PETE BEACH FL 33708</b>	
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<b>NAME</b> <b>SIGMUND, LORI</b>	
<b>STREET ADDRESS</b> <b>2872 W. VINA DEL MAR BLVD.</b>	
<b>CITY - ST - ZIP</b> <b>ST. PETE BEACH FL 33708</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify 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:** SIG MORTHAM REQUIRED Vice Pres 4/25/97 813-832-6212  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)