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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # **V42907**

(8)

Corporation Name

JAMES ENTERPRISES, INC.

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May 01	1996	8:00 am
Secret	ary of	State

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City & State 28		\$8.75 Ad Fee Requ	5 Certificate of Status Desired S						Suite, Apt. #, etc.	27	adamining the B. F. and K. S. and B. Balley C. Berry's William Street, Special	, etc.	Suite, Apt.	
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9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	9.032,		~	[']			intry		Zip		n 1	25		
JAMES, MILTON C. 433 CLEVELAND ST. UNIT 128 CLEARWATER FL 34615 84 City FL 85 Zip C 11. Pursuant to the provisions of Sections 607,0502 and 602,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regorer dagent, 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 as familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature typod or proted name of mystered agent and life if any seaths. NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TILLE Change		red Agent	Registered	nd Address of New F	10. Name and		Γ		tered Agent	urrent Regist	d Address of C	9, Name an	L	
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 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 agriculture with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typod or printed name of registered agent and tilk if applicable. NOTE Registered Agent signature required when rein stating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D Change	ode .	FL 85 Zip Cc		umber is Not Acceptat	ess (P.O. Box Nun		83				815	VELAND ST. B	433 CLE Unit 12	
Styrature typed or professional agent and tills if explosable. (NOTE: Flogs-tored Agent signature resurred when rein stating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.11IILE 1.11IILE 1.11IILE	stered offic jent. I am	of changing its regis	roose of cha	is statement for the pu hereby accept the app	ation submits this d of directors. The	ned corpora ation's board	LI ove n corpo	ed by the -	n change was authori.	if Florida, Such	th, in the State of	ed agent, or bot	or register familiar wi	
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64 CITY-S1-ZIP

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 cath; 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 12 if phanged, or on an afacthment With an address.

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

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NAME

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TAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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