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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1996

SIGNATURE: SIGNATURE AND PROSPERINTS NAME

	1996	<u>, 5</u> 5/ 	DIVISION OF CORPORATIONS								
DOCUN 1. Corporation	(6)	3)									
JAVA	EXPRESS, INC.										
Principal Place i	of Business	Mal	ing Address				1				
35 W. PINE SUITE 218	10) E READING WA WINTER PARK FL 3:										
ORLANDO F US	- -						3. Date Incorporated or Qualified 08/19/1992	38	Date of 05	Last R /16/1	
2. Principal Place	ce of Business	2a. 1	Mailing Address				4. FEI Number 59-3141084			\rightarrow	Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75	Additional Required
City & State			City & State				6. Election Campaign Financing	 		\$5.0	0 May Be
2 φ	Country	28	/ιρ	Cou	ıntry		Trust Fund Contribution 8. This corporation has liability for				d to Fees 199.032,
4	25 9. Name and Address of Currer	29 at Begiste	red Agent	30	ſ		Florida Statutes Ye 10. Name and Address of New			ent	
	J. Harris and readings of Garrer	it riogiote	"ou rigette		B1	Name	10. Hame and Address of Nett	ricgia	tered Ag		
FASOLAS, MARGARET P 35 W. PINE ST. SUITE 218						Street Add	ress (P.O. Box Number is Not Accepta	ble)			
	NDO FL 32803				83			· · · · ·			
					84	City			- I	85 Zi;	p Code
11 Purcuant to	the provisions of Sections 607.0500	2 const CryZ	15.02 Elzekh Stalut	toe the abo		and come	ration submits this statement for the pu	rivood	PL	no ito i	rapidtared off
familiar with SIGNATURE	n, and accept the obligations of, Sect	tion 607.05	505, Florida Statuter	S.	·		rd of directors. I hereby accept the app			jistered	l agent. I am
12.	algratiure, tyced or pricted name of map tereor a jed OFFICE'RS AN			13.	Agent	Signal interpret	ADDITIONS/CHANGE'S TO OF		DATE IS AND DI	RECTO	DRS IN 12
TITLE	P P P P P P P P P P P P P P P P P P P		DELETE	1 1 1						Change	Addition
NAME	FASOLAS, MARGARET 35 W. PINE ST. SUITE 218			1.2 N							
STREET ADDRESS	ORLANDO FL					DDRESS					
CITY-S1-ZIP TITLE	V		DELETE	217	TLE	7.1			<u> </u>	Change	Addition
NAMÉ	AVERY, DELBERT		_	2.2 N/	4ME					-	•
STREET ADDRESS	101 E. READING WAY			2351	IREE1 A	DORESS					
CITY-S1-ZIP	WINTER PARK FL		······	2 4 C	1y - \$1	ZIP					
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NAME				3.2 NA							
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				6.2 NA	Mi						
				€351	REL A	ODRESS					
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certify that i	the information indicated on this arm	ual report i	or supplementa and	€ 13-62 M €3 SI €4 CI nished and hual report is	TLE ME RELIA IY-SI- does s true	DORESS ZIP not qualify for and accurate	or the exemption stated in Section 118 ate and that my signature shall have the is report as required by Chapter 607, F	same)(k), Florida e legal effe	Statut	tes. I fu

IGNING OFFICER OR DIRECTOR