

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:01

DOCUMENT # P93000063029 (1)

1. Corporation Name
J J'S CUSTOM LURES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **261 44TH AVENUE, NE
ST. PETERSBURG FL 33703**
Mailing Address: **261 44TH AVENUE, NE
ST. PETERSBURG FL 33703**

DO NOT WRITE IN THIS SPACE

2. Annual Report Due		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		09/09/1993		05/01/1994	
22		27		4. FEI Number		Applied For	
23		28		59-3202324		Not Applicable	
24		25		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
26		27		7. Has corporation responsibility for a business for which it is a franchisor?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCIBELLI, MICHAEL A 261 44 AVE NE ST PETERSBURG FL 33703				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.0509, Florida Statutes, I, the above named corporation, submit 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 607.0509, Florida Statutes.

SIGNATURE: _____ (Signature of Michael A. Scibelli)
Name of Registered Agent: _____ (Name of Michael A. Scibelli)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IN 12	
1. NAME	PD NEWMAN, JEFFREY H	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	4503 TITLE POND RD NEW PORT RICHEY FL	2. STREET ADDRESS	
3. CITY	STD	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	SCIBELLI, MICHAEL A	4. NAME	
5. STREET ADDRESS	261 44 AVE NE ST PETERSBURG FL	5. STREET ADDRESS	
6. CITY	D	6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	HEILSHORN, JOHN W	7. NAME	
8. STREET ADDRESS	300 E 75 ST APT 24K NEW YORK NY	8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not equally for the corporation as stated in the Florida Statutes. I further certify that the information included 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 person or persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report as an officer or director.

SIGNATURE: *Michael A. Scibelli* 4/27/95 (813) 522-1091
MICHAEL A. SCIBELLI SECRETARY / TREASURER