

**FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00**

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # L60076 (1)**  
 1. Corporation Name  
**JUNE PEKOL REALTY, INC.**



Principal Place of Business  
**COMMERCE COURT  
 2709 SWAMP CABBAGE CT  
 FORT MYERS FL 33901  
 US**

Mailing Address  
**15565 LOCKMABEN AVE  
 FT MYERS FL 33912-3907  
 US**

3. Date Incorporated or Qualified  
**03/26/1990**

3a. Date of Last Report  
**04/10/1996**

4. FEI Number  
**65-0256278**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **15565 Lockmaben Ave**

22 Suite, Apt. #, etc.

23 **Fort Myers, FL**

24 **33912** 25 **US**

2a. Mailing Address

26 **15565 Lockmaben Ave**

27 Suite, Apt. #, etc.

28 **Fort Myers, FL**

29 **33912** 30 **US**

9. Name and Address of Current Registered Agent

**PEKOL, JUNE E  
 15565 LOCKMABEN AVE  
 FT MYERS FL 33912**

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PST PEKOL, JUNE**

STREET ADDRESS **15565 LOCK MABEN AVE**

CITY- ST- ZIP **FT. MYERS FL**

TITLE  DELETE

NAME **D PEKOL, JUNE**

STREET ADDRESS **15565 LOCKMABEN AVE**

CITY- ST- ZIP **FT. MYERS FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP  Change  Addition

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 biennial 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, on an attachment with an address.

SIGNATURE: **June E. Pekol** **4/29/97 (941) 768 1556**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)