

**FIL E NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

10822141

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000044222**

1. Corporation Name  
**JUNO VILLAGE REALTY INC.**



Principal Place of Business  
4100 NORTH OCEAN DRIVE WT 2504  
SINGER ISLAND FL 33404

Mailing Address  
4100 NORTH OCEAN DRIVE WT 2504  
SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0838396

Applied For  
 Not Applicable

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 PALM BEACH COUNTY

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

WT 2504

27 Suite, Apt. #, etc.

23 City & State

SINGER ISLAND FL

28 City & State

24 Zip

33404

25 Country

USN

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SHACKLETON, ALBERT  
4100 NORTH OCEAN DRIVE WT 2504  
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name ALBERT SHACKLETON  
82 Street Address (P.O. Box Number is Not Acceptable) 4100 N OCEAN DR  
83 SUITE WT 2504  
84 City SINGER ISLAND FL 85 Zip Code 33404

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

PROES

1/5/99

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
NAME SHACKLETON, ALBERT  
STREET ADDRESS 4100 NORTH OCEAN DRIVE WT 2504  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]* PROES ALBERT SHACKLETON

Date 1/5/99 561 845  
Daytime Phone # 6718

CR2E034 (11/98)