FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

Name changed



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086414

1. Corporation Name

-OLEN JUNO CORP.

JUNO CORP.

Principal Place of Business

Mailing Address

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90024 040 ***150.00



LIGHTHOUSE P		LIGHTHOUSE POINT FL 33064							
HOM INCOSE F	OINT TE 33004					DO NOT WRITE IN THIS SPACE			
						3. Date Incorpor	ated or Qualifed		
						10/02/1998	8		1
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		xx A	pplied For
1062	Coral Ridge Drive	26 1062 Coral Ridge Drive				_		N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of S	Status Desired		Additional	
22		27			5. Certificate of C	-t	Fee R	equired	
City & State		City & State			6. Election Cam	paign Financing		May Be	
coral	l Springs, FL 33071	Coral Springs, FL 33071			Trust Fund Co	ontribution	Added	to Fees	
Zip	Country	Zip Coun					on owes the current year		A.
24 33073	1	29 33071 30				Personal Prop		Yes	X No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name				
HANSEN, MARK				81	81 Name				
	1 SOUTH MILITARY TRAIL		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
– .	NTON BEACH FL								
БОП	WION BEACH FE			83					
				84	City			. 85 Zip	Code
							F		
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Flori Florida, Such chan	da Statutes, th de was author	ne above rized by	e-named co the corpora	rporation submits this a	statement for the purpose s. I hereby accept the ap	or changing it pointment as r	egistered
agent. I ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.	0505, Florida S	Statutes					
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent a			13.	t signature requ	uired when reinstating)	HANGES TO OFFICERS	AND DIRECT	OPS IN 12
12.	PD OFFICERS AND			13.	-	PDS	JANGES TO OFFICERS	[] Change	
TITLE	OLENICOFF, IGOR			1.2 NAME	ŀ	·· -	Taam W	_ ,	_
NAME	2702 N.E. 30TH AVENUE				ADDRESS	Olenicoff,			
STREET ADDRESS	LIGHTHOUSE POINT FL 33064			1.4 CITY-S	!		Ridge Drive		
CITY-ST-ZIP TITLE	VPD	X 10		2.1 TITLE	1-2119	Coral Spri	ngs, FL 33071	Change	Addition
			2.2 NAME					_	
NAME	2702 N.E. 30TH AVENUE				ADORESS				
STREET ADDRESS	LIGHTHOUSE POINT FL 33064			2.3 STREE 2.4 CITY-S					1
CITY-ST-ZIP TITLE	VP			3.1 TITLE	11-21			Change	Addition
NAME.	HANSEN, MARK			3.2 NAME				• • •	Ì
STREET ADDRESS	11211 S. MILITARY TRAIL				TADORESS				1
	BOYNTON BEACH FL			3.4. CITY-S					.
CITY-ST-ZIP TITLE	S	Mo		4.1 TITLE		· · · · ·	•	Change	Addition
NAME	BULLINGTON, JAN	7	- 1	4. 2 NAME		•			
STREET ADDRESS	2702 N.E. 30TH AVENUE				ADDRESS		-		}
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			4.4 CITY-S					
TITLE				5.1 TITLE	.=			Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	TADDRESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE			ELETE	6.1 TITLE		_		☐ Change	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	TADDRESS				
CITY- ST- ZIP				6.4 CITY-S	T-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, of an apattachment with an address, with all other like empowered.

SIGNATURE: _

Igor M. Olenicoff

(954) 752-4852