FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000008923 (4)**

1. Corporation Name

JUCFAM ASSOCIATES, INC.

Principal Place of Business	Mailing Address
451 OLYMPUS DR JUNO BEACH FL	25802 PRAIRIESTONE DR LAGUNA HILLS CA 92653 G

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/30/1992**

3a. Date of Last Report: **01/31/1995**

4. FEI Number: **65-0372338** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JUCENAS, BRONE M
451 OLYMPUS DR
JUNO BEACH FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JUCENAS, BRONE M		12 NAME	
STREET ADDRESS	451 OLYMPUS DR		13 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	AVIZONIS, LIUDA V		22 NAME	
STREET ADDRESS	25802 PRAIRIESTONE DR		23 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LIAUKUS, MILDA E		32 NAME	
STREET ADDRESS	21 BROWNSON DR		33 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON CT		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	JUCENAS, ANTHONY L		42 NAME	
STREET ADDRESS	2291 MIRASOL DR		43 STREET ADDRESS	
CITY-ST-ZIP	VISTA CA		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	CALLO, GAILE		52 NAME	
STREET ADDRESS	30 WEDGEWOOD DR		53 STREET ADDRESS	
CITY-ST-ZIP	CENTERVILLE MA		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Linda V. Avizonis (Linda V. Avizonis, V.P.) 3/11/96 714-362-1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)