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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 442399 (2)
1. Corporation Name
JUNOD'S PGA SERVICE CENTER, INC.

Principal Place of Business
400 HIGH POINT DR #500
COCOA FL 32926

Mailing Address
400 HIGH POINT DR #500
COCOA FL 32926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1974	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State
27 Zip	28 Country	29 Suite, Apt. #, etc.	30 City & State	31 Zip	32 Country
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SIMPKINS, B W 400 HIGH POINT DR #500 COCOA, FL 32926				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 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.					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD SIMPKINS, B W 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 00000	1.1 TITLE	1.2 NAME
NAME	VD SHERIFF, F A 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 00000	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS		2.1 TITLE	2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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.	
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SIGNATURE: *[Signature]* 4/24/98 407-636-0200

CR2E034 (10/97)