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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 28 1998 8:00am Secretary of State

DOCUI	MENT # on Name	64998	5	(9)								
		JCTION INC.		, ,								
Principal Place of Business				Mailing Address								
431 HAMLIN LANE				431 HAMLIN LANE								
NORTH FORT MYERS FL 33903				NORTH FORT MYERS FL 33903					DO NOT WRITE IN THIS	e enace		
									3. Date Incorporated or Qualified	SOFACE		
								ł	12/31/1979			
2. Principal P	lace of Busines	2a. M	2a. Mailing Address				\dashv	4. FEI Number	·	Applied For		
21		26	<u> </u>					59-1961866		Vot Applicable		
Suite, Apt.	#, etc.	<u>├</u>	Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Regulred		
City & Stat	e		City & State					6, Election Campaign Financing		May Be		
23		28	├ - ¬ ′					Trust Fund Contribution	•	to Fees		
Zip Country			Zi	Zip Cour				8. This corporation owes or has paid the current year		nlangible		
24 25			29						Personal Property Tax due June 30. X Yes No			
	<u> </u>	d Address of Curr	ent Register	ed Agent		81	Name		10. Name and Address of New Registere	d Agent		
	ATT, ROBERT					['*	Name					
431 HAMLIN LANE N. FORT MYERS FL 33903							82 Street A		ss (P.O. Box Number is Not Acceptable)			
IV.	FURI MIERO	rt 33903			1	83						
						_						
						B4	City	FL 85 Zip Co		Code		
11. Pursuant	to the provision	s of Sections 607.05	02 and 607.	1508, Florida Statu	tes, the ab	ove	-named c	corpor	ration submits this statement for the purpose has board of directors. I hereby accept the ap	of changing	its registered	
agent. I a	ım fa miliar with,	and accept the obli	gations of, S	ection 607.0505, Fi	lorida Statu	ites	i ine corpi i.	oration	is board of directors, Thereby accept the at	уроншиет с	s registered	
SIGNATURE												
12.	Signature, typed or p	vint ed name of registered a OFFICERS A			13.	Ager	nt signature n	edolen	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DRS IN 12	
TITLE	PT			DELETE	1.1 TITI	LE				Change		
NAME	PRATT, RO	Bert D.	1.			1.2 NAME						
STREET ADDRESS	431 HAMU		<u> </u>			1.3 STREET ADDRESS					j	
CITY-ST-ZIP	N. FORT M	iy er s fl					T - ZIP					
TITLE			☐ DELETE			2.1 TITLE				L_] Change	Addition	
NAME				2.2 NA			ADDRESS					
STREET ADDRESS CITY-ST-ZIP			•		2.3 STF		ADDRESS				ł	
TITLE				DELETE	3.1 7(1)		11-211			Change	Addition	
NAME					3.2 NA					•		
STREET ADDRESS					3.3 STF	REET .	ADDRESS				J	
CITY-ST-ZIP					3.4. CIT	Y-\$	T - 2(P			·		
TITLE				☐ DELETE	41 TITL	LE				Change	L_ Addition	
NAME					4 2 NA		1					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE	<u> </u>			DELETE	4.4 CIT 5.1 TITU		T-ZIP			Change	Addition	
NAME				OLCUL.	5.2 NA					Change		
STREET ADDRESS							ADDRESS					
CITY-\$T-ZIP					5.4 CIT							
TITLE				DELETE	6.1 TITE					Change	Addition	
NAME					6.2 NA	VIE]	
STREET ADDRESS					63 STR	FET A	address (1	
CITY-ST-ZIP					6.4 CiT	Y-\$1	T- ZIP					

14. Thereby 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 changid, or on an attachment with an address.