


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738692** (3)
1. Corporation Name
JUNIOR'S CHARITABLE FUND, INC.



Principal Place of Business P.O. BOX 6114 HOLLYWOOD FL 33081	Mailing Address P.O. BOX 6114 HOLLYWOOD FL 33081
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3. Date Incorporated or Qualified 04/18/1977	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-1766058		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENSON, NORMA
1831 N. 54 AVE
HOLLYWOOD FL 33021**

81 Name Ronetta Uhl
82 Street Address (P.O. Box Number is Not Acceptable) 3122 Pierce Street
83
84 City Hollywood
85 Zip Code FL 33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Ronetta Uhl 10-10-98 98

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	UHL, RONETTA	
STREET ADDRESS	3122 PIERCE ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MULLEN, CAROL	
STREET ADDRESS	6351 SW 34 CT.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, NORMA	
STREET ADDRESS	1831 N. 54TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, ELIZABETH	
STREET ADDRESS	1801 NORTH 52 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Suzanne Martens	
2.3 STREET ADDRESS	2809 Morning Glory Lane	
2.4 CITY-ST-ZIP	Davie, FL 33328	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Debra Hubert	
3.3 STREET ADDRESS	9530 NW 18 Street	
3.4 CITY-ST-ZIP	Plantation, FL 33322	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eileen Corona	
4.3 STREET ADDRESS	4312 Grant St	
4.4 CITY-ST-ZIP	Hollywood, FL 33021	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature] 5/11/98 054 812-7825

CR2E037 (10/97)