FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 741672 (0)

1. Corporation Name
JUNO OF SANIBEL, INC.

Principal Place of Business	Mailing Address
11595 KELLY RD. FORT MYERS FL 33908 US	11595 KELLY RD. FT. MYERS FL 33908 US

3. Date Incorporated or Qualified: 02/21/1978
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business
21 12661 New Britany Blvd
Suite, Apt. #, etc. 22
City & State 23 Fort Myers, FL
Zip 24 33907 Country 25 USA

2a. Mailing Address
26 12661 New Britany Blvd
Suite, Apt. #, etc 27
City & State 28 Fort Myers, FL
Zip 29 33907 Country 30 USA

4. FEI Number: 59-1841920 ☐ 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

HENKE, CAROL J
C/O INNOVATIVE MANAGEMENT GROUP INC
11595 KELLY ROAD
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) c/o Marquis Management, Inc-
83 12661 New Britany Blvd-
84 City Fort Myers FL 85 Zip Code 33907

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 Carol J Henke 2/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	STONE, SIDNEY		12 NAME		
STREET ADDRESS	7733 FORSYTH BLVD		13 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		14 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	APMANN, JON		22 NAME		
STREET ADDRESS	20 STEEPLE CHASE ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON MILLS IL		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☒ Addition
NAME	BUTLER, SANDRA		32 NAME		
STREET ADDRESS	572 CHERT COURT		33 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		34 CITY-ST-ZIP		33957
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E037 (12/95)

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)(k), 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] 2-22-96 314-721-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #