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

DOCUMENT #

G81841

(0)

JULINE INVESTMENTS, INC.

Apr 16 1998 8:00am Secretary of State

FILED

1010 0100 1101 01811 61011	

Disciplination		Mail va Address			
Principal Plac		Mailing Address			
	EWS AVENUE	2001 ANDREWS AVENUE			
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069		Uos	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				11/17/1983	
	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2402456	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	€	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the curr	Added to Fees
24	25	<u></u>	30		Yes No
24	g. Name and Address of Current		30	10. Name and Address of New Registered A	
	EILLY, BRADFORD J		81 Name		
	90 E. BROWARD BLVD.		82 Street	Address (P.O. Box Number is Not Acceptable)	
1	SUITE 200		52 Sileet	Address (F.O. Box Nornber is Not Acceptable)	
	T. LAUDERDALE FL 33301		83		
,	I. WIODENDIKE I C OOOT		84 City	A - A - A - A - A - A - A - A - A - A -	85 Zip Code
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose of	changing its registered
office or r agent. I a	r egister ed agent, or both, in the State c i m fam iliar with, and accept the obligat	n Horida, Such change was au ions of, Section 607.0505, Flor	itnorized by the cor ida Statutes.	poration's board of directors. I hereby accept the apport	omiment as registered
SIGNATURE					
SIGNATORE	Signature, typed or pented name of registered agen			c required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS DILETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
TITLE	DP MOODY LABBY W	L.J OILER	1.1 TITLE		Change Chyprings
NAME	MCCOY, LARRY W.		1 2 NAME		
STREET ADDRESS	2001 ANDREWS AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	POMPANO BEACH FL DS	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MCCOY, FAITH	L_ CALLAC	2.2 NAME		
STREET ADDRESS	2001 ANDREWS AVENUE		2.3 STREET ADDRESS		
	POMPANO BCH, FL 00000		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	1 01111 7110 0011, 12 00000	DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADORESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CHTY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STRFET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7/P		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	140 07(0)() Fig. 14 Oct 4 - 16 other	

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.

IN MS