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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 07 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J14070

1997

(3)

JURGENSEN ENTERPRISES, INC.

Principal Place of Business Mailing Address					L KANININ ALAN KINDI NINDI NODIN KANIN NODI	MIBIT BIBIT BIBIT BIBIT	
206 SW 28TH AVE UNIT M-9 DELRTAY BEAHC FL 33445		206 SW 28TH AVE UNIT M-9 DELRAY BEAHC FL 33445-4421					
US	10 16 0040	US			3. Date incorporated or Qualified 05/13/1986	3a. Date of Last Re	aport
2. Principal P	race of Business	2a, Mailing Address			4. FEI Number	04/16/1996	plied For
21		26			59-2675101	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
22	. Typo correction	City & State Typo Correction			6, Certificate of Status Desired	Fee Re	quired
	City & State Typo		REGE		6. Election Campaign Financing	\$5.00 May Be	
23 DELK Zip	RAY BEACH, FL	28 DELRAY	BEAC		Trust Fund Contribution	Added to	
24	25	29	30	μy	This corporation has liability for i     Florida Statutes	intangible tax under s. ∐Yes 🎇 No	199.032,
<u> </u>	g, Name and Address of Curren	<del></del>	.   00	<del> </del>	10. Name and Address of New Re		
JUA	IGENSEN, HARLAN D		1	1 Name			
	SW 1ST AVENUE		82 Street Add		ess (P.O. Box Number is Not Acceptab	do)	
	RAY BCH FL 33444				oss (i .e. box Hamber is Not Accepted		
			8	3			
			1	4 City		FL 85 Zip C	>ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abo	ve-named corp	oration submits this statement for the p	urnose of changing its	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by the corporati	ion's board of directors. I hereby accept	of the appointment as	registered
SIGNATURE.							
·····	Signature typed or printed name of registured ager		TE: Registered	gent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
THLE	PD	☐ DELETE	1.1 TITE			☐ Change	L Addition
NAMÉ	JURGENSEN, HARLAN D.		1.2 NAM				:
STREET ADDRESS	206 SW 28TH AVE			ET ADDRESS			
CHY-SI-ZIP THLE	DELRAY BCH FL D	DELETE	2.1 TITL	- \$T- ZIP		Change	Addition
NAME	JURGENSEN, HAROLD G.		2.2 NAM			onlings	
STREET ADDRESS	3806 118 AVE. NW			ET ADDRESS	•		
CITY-S1-ZIP	COON RAPIDS MN			-ST-ZIP			
TITLE	STD	DELETE	3.1 TITL			☐ Change	Addition
NAME	JURGENSEN, 8 J		3.2 NAM	E			
STREET ADDRESS	206 SW 28TH AVE		3.3 STRI	ET ADDRESS			
CITY - \$1 - ZIP	DELRAY BCH FL		3 4. CIT	-ST-ZIP			
TITLE		☐ DELETE	41 TITL	1		Change	Addition
NAME			4. 2 NAI	- 1			
STREET ADDRESS			1	ET ADDRESS			
CITY - ST - ZIP		☐ DELETE		-ST-ZIP		T Access	777
TITLE		L DELETE	51 TITL			L_ Change	Addition
NAME CTGGLY ANYMOGOG			52 NAM				-
STREET ADDRESS  CITY-S1-ZIP			1	ET ADDRESS	į		
DILE		DELETE	5.4 UIT 61 TITL	-ST-ZIP		Change	Addition
NAME			6.2 NAV			men according	
STREET ADDRESS				ET ADDRESS			
CITY-ST-74P			1	-ST-ZIP			
14. I do heret	by certify that the information supplied	with this filing does not qua	ify for the e	remption stated	in Section 119.07(3)(i), Florida Statutes	I further certify that t	he
Lam an of	in indicated (in this arinual report or si fficer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver or trustee empore	wered to ex	curate and that ecute this report	my signature shall have the same legat t as required by Chapter 607, Florida S	leffect as if made und tatutes; and that my na	ier oath; that ame

4/1/97 561-279-2912 SIGNATURE: