


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J18419 (8) 1. Corporation Name JUPITER HARBOUR TRADING COMPANY			
Principal Place of Business 11911 U.S. HWY ONE SUITE 308 NORTH PALM BEACH FL 33408		Mailing Address 11911 U.S. HWY ONE SUITE 308 NORTH PALM BEACH FL 33408	
2. Principal Place of Business 21 11911 U.S. Highway One Suite, Apt. #, etc. Suite 210 City & State North Palm Beach, FL Zip 33408 Country		2a. Mailing Address 26 11911 U.S. Highway One Suite, Apt. #, etc. Suite 210 City & State North Palm Beach, FL Zip 33408 Country	
3. Date Incorporated or Qualified 06/09/1986		3a. Date of Last Report 04/28/1995	
4. FEI Number 59-2698321		Applied For <input type="checkbox"/> Not Applicable	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COOK, ROBERT B. 11911 U.S. HWY ONE NORTH PALM BEACH FL 33408		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: _____ <small>Signature of person for printed name of the registered agent and then it applicable (the registered agent signature is printed when not applicable)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
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: 6.18.96 4072209717 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (3/96)