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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

J75485 **DOCUMENT #**

(9)

FILED Jan 25 1996 8:00 am Secretary of State

	Juan Apartments, inc	•			
Principal Place	of Business	Mairing Address		1 4001110 G(11: 10001 B(11: G(1001 141)	
5821 SAN JUAN AVE 4943 ORTEGA		4943 ORTEGA FOF JACKSONVILLE FL US			
				 Date Incorporated or Qualified 06/01/1987 	3a. Date of Last Report 01/18/1995
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
1		26		59-2808817	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State	-	6. Election Campaign Financing	□ \$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
- Ζφ. 	Country	Zip	Country	B. This corporation has liability for in	
4	25 9. Name and Address of Cur	29	30	Florida Statutes 🔀 Yes	
	g, Hame and Address of Cur	rent negistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
מאטטר	MDCDDV HADDVII ID		Name		
RODDENBERRY, HARRY H JR 5821 SAN JUAN AVE.			82 Street Add	dress (P.O. Box Number is Not Acceptabl	θ)
	ONVILLE FL 32210		83		
			84 City		FL 85 Zip Code
ii. Paradahi	a the provisions of Sections 607.0	02 and 607 1509 Florida Sta	tutes, the above-named covic	pration submits this statement for the purp	
en receipten	and appoint on both, in the Charles of F	boz and oor 1506, rionda Sia	monder to accord married corps	Action promise this statement for the port	
familiar wit	ed agent, or both, in the State of Fi th, and accept the obligations of, S	lorida. Such change was autho ection 607.0505, Florida Statu	prized by the corporation's bootes	ard of directors. Thereby accept the appo	intment as registered agent. I am
fændlär wit SIGNATURE	ed agent, or both, in the State of Fi th, and accept the obligations of, S Signatur, types or protect runns of registeries a	ection 607.0505, Florida Statu	tes	ard or directors, I hereby accept the appo	intment as registered agent. I am
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cet by that I am an officer or director of this armitian report or supplemental armitian report is true and accurate and that my signature shall have the same legal effect as if made under outly, that I am an officer or director of this armitian report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.