

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L54261** (7)

1. Corporation Name
JUNSON, INC.

Principal Place of Business

1851 W. INDIANTOWN RD.
101
JUPITER FL 33458
US

Mailing Address

C/O AUGUSTUS "GUS" A. PERNA JR.
18316 FLAGSHIP CIRCLE
JUPITER FL 33458



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PERNA, AUGUSTUS "GUS" A. JR.
18316 FLAGSHIP CIRCLE
JUPITER FL 33458

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 607.0602 and 607.0603, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Change of Registered Agent)

(Signature of Officer or Director or Change of Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
DPD
PERNA, AUGUSTUS "GUS" A.
18316 FLAGSHIP CIRCLE
JUPITER FL

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary, for the filer and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this form is correct 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, and that I am authorized to execute this report in accordance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUSTUS A PERNA JR 7-8-96 407-747-8598

CR2E034 (12/95)