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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

[‡] L96556

(0)

FILED Jan 20 1998 8:00am Secretary of State

JULE MARKETING INTERNATIONAL. INC. Principal Place of Business ** MARTHA LEVINE ** 750 RECENTY LAKE DR #5202 ** BOCA RATON R. 33493 ** Does Incorporation of Coultifled ** DO. 287 1880 2. Principal Place of Business ** Suite, Act #4, etc. ** Type Transcription of Status Desired Green Required For Required F	1. Corporado	(i ivaline	(-)				
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16:100 NE 16 AVE N MIAMI BEACH FL 33162 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, (Fig. above-named corporation submits this statement for the purpose of changing its régistered agent, a minimizer with, and accept the obligations of, Section 607 0505, Florida, Statutes. 94 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, (Fig. above-named corporation submits this statement for the purpose of changing its régistered agent, a minimizer with, and accept the obligations of, Section 607 0505, Florida, Statutes. 95 SIGNATURE 95 Signature (P.O. Box Number is Not Acceptable) 10. Ception (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0505, Florida, Statutes. 95 Signature (P.O. Box Number is Not Acceptable) 12. Change Interest (P.O. Box Number is Not Acceptable) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE 12. In TITLE 12. In TITLE 12. In TITLE 13. In TITLE 14. In TITLE 14. In TITLE 15. Change Addition NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE 15. Change Addition NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE 15. In TITLE 15. In TITLE 15. In TITLE 15. Change Addition NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE 15. In TITLE 15. In TITLE 15. Change Addition NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE 15. In TI	RF	RKELL-RAFFERTY FRAN		81 N	ame		
N MAMI BEACH FL 33162 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, lips above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was activitized by the corporation's board of directors. I hereby accept the appointment as registered agent, or familiar with, and accept the obligations of, Section 807.0503 (rich statutes). SIGNATURE SIGNATURE SIGNATURE SIGNATURE DELETE 1. ITILE D LEVINE, MARTHA TORRESS CITY-ST-ZIP BOCA RATON FL DELETE 1. ITILE DELETE 2. ITILE DELETE 2. ITILE DELETE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TORRESS CITY-ST-ZIP DELETE 1. ITILE DELETE 1. ITILE DELETE 2. ITILE DELETE 3. ITILE Change Addition Addition Addition Addition Addition Addition Addition Addition AMAE 3. SIRRET ADDRESS CITY-ST-ZIP DELETE 4. ITILE DELETE 4. ITILE DELETE 4. ITILE DELETE 5. ITILE DELETE 4. ITILE DELETE 4. ITILE DELETE 5. ITILE DELETE 5. ITILE DELETE 5. ITILE DELETE 5. ITILE DELETE 6. Change Addition Additio	l			99 8	troot Addro	re (P.O. Boy Number is Not Assente	blo
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, life above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida, Statutes. Signature				84 C	ity		FL 85 ZID Code
SIGNATURE Signature, typed or protect-name of registered agent and life if appficable. (NOTE. Roditioner degree signature required when refinistating) DATE	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-na	med corpo	ration submits this statement for the	
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Signature, hyped on printed may be		aria aboupt the obliga	10000, 00000000, 11	oraciona.			ļ
TITLE	SIGNATURE	Signature, typed or printed name of registered agen	t and title it applicable. (NOT	E. Registered Agent sig	gnature required	when reinstating)	DATE
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14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE MANTANCIRATION OUREL

Jan 5 1998