

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M60125** (5)

1. Corporation Name
JUNO INVESTMENTS, INC.



Principal Place of Business
**C/O CARL F. HANSLEY
170 CELESTIAL WAY, COURT 2, UNIT 4
JUNO BEACH FL 33408**

Mailing Address
**C/O CARL F. HANSLEY
170 CELESTIAL WAY, COURT 2, UNIT 4
JUNO BEACH FL 33408**

3. Date Incorporated or Qualified **10/02/1987** 3a. Date of Last Report **08/11/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0011016** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**HANSLEY, CARL F.
170 CELESTIAL WAY
UNIT 4, COURT 2
JUNO 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent, and that it applies. (NOTE: Registered Agent's signature is required when transferring.) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSLEY, CARL F.		1.2 NAME		
STREET ADDRESS	170 CELESTIAL WAY		1.3 STREET ADDRESS		
CITY- ST- ZIP	JUNO BEACH FL		1.4 CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSLEY, ANNE		2.2 NAME		
STREET ADDRESS	170 CELESTIAL WAY		2.3 STREET ADDRESS		
CITY- ST- ZIP	JUNO BEACH FL		2.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY- ST- ZIP			3.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Carl F. Hansley* 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)