FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M78511

(6)

JUNO CAPITAL PARTNERS, LTD., INC.

FILED Mar 13 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		,			JEN BIBN 848	(
1061 EAST INDIANTOWN ROAD SUITE 410 JUPITER FL 33477		1061 EAST INDIANTOWN ROAD SUITE 410 JUPITER FL 33477		DO NOT WRIT	'E IN THIS SF	PACE			
					3. Date Incorporated or Qualified				
B D::1D					04/29/1988				
r¬ ΄	lace of Business	2a. Mailing Address			4. FEI Number Applied For				
21 308 Tequesta Drive Suite, Apt #, etc.		26 308 Tequesta Drive			65-0047458	Not Applicable \$8.75 Additional			
22 Suite 12		Suite, Apt. #, etc. 27 Suite 12			5. Certificate of Status Desired			Additional equired	
City & State 23 Tequesta, Florida		City & State 28 Tequesta, Florida 7 P Country		Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip 334	Country US	33469		iry JS	8. This corporation owes or has p				
24 334		ED	30		Personal Property Tax due Jun	t		_] No	
9. Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent 1 Name				
CHOPIN, L. FRANK CHOPIN, MILLER & YUDENFREUND 440 ROYAL PALM WAY				VI Namo					
				2 Street Addre	Address (P.O. Box Number is Not Acceptable)				
	LM BEACH FL 33480		8	3	, , , , , , , , , , , , , , , , , , ,				
			8	4 City	V	FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typod or proted harve of expistered agen	Model to the state of the state	Posit total A	gent signature require	of when religibilities	DATE			
12.	OFFICERS AND		13.	gent orginatore require	ADDITIONS/CHANGES TO OFF		URECTOR	S IN 12	
TITLE	PD	DELETE	111111		1,0011011011011010101010101010101010101		Change	Addition	
NAME	HENDRICKSON, ROBERT M.		12 NAM	E			•		
STREET ADDRESS	1061 E INDIANTOWN RD		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	JUPITER FL		1.4 C(TY	-ST-ZIP					
TITLE	TS	DELETE	21 TITLE				Change	Addition	
NAME	HENDRICKSON, PATRICIA		2 2 NAM	E					
STREET ADDRESS	1061 E INDIANTOWN RD		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	N IOSTER EL		2. 4 CtTY	-ST-ZiP					
FITLE		DELETE	3.1 TITLE			L	Change	☐ Addition	
NAME			3.2 NAM	ε					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY + ST - ZIP			3.4. CITY	- \$1 - ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAM	ee				ļ	
STREET ADDRESS			4.3 STRE	ET ADDRESS				İ	
CITY - ST - ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5 1 TITLE			L	Change	Addition	
NAME			5.2 NAM	E					
STREET ADDRESS			53 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CiTY	- S1 - ZIP					
TITLE		☐ DELETE	61 TITLE			L	Change	Addition	
NAME			6.2 NAM	[
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-ZIP					

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 chapped, or on an attachment with an address