**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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

**FILED** May 07 1997 8:00am Secretary of State

1997		DIVISION	DIVISION OF	
DOCUMENT #	P920000035	81 (5	5)	

1. Corporation JUST 4  Principal Place 18755 BIG CYP JUPITER FL 33 US	FUN, INC		N 11 J(	Mailing Address 8755 BIG CYPRESS DR UPITER FL 33458-3737 IS	·····			3. Date Incorporated or Qualified 3a. Date of Last Report
								10/28/1992 05/01/1996
2. Principal Place of Business		- t	2a, Mailing Address				4. FEI Number Applied For	
Suite, Apt.	#. etc.		26	Suite, Apt. #, etc.				65-0373161 Not Applicable \$8.75 Additional
22			27	1 '				5. Certificate of Status Desired Fee Required
City & State	9			City & State				6. Election Campaign Financing \$5.00 May Be
<b>23</b>   Zip		Country	28	Zip	Cou	ntrv	<del></del>	Trust Fund Contribution Added to Fees
24		25	29	n <sup>'</sup>	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9, Name	and Address of Currer	استحادي	, L	15.51			10. Name and Address of New Registered Agent
	ELLA, CAR					81	Name	
		PRESS DRIVE				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
JUP	ITER FL 33	406				83		
						84	City	85 Zip Code
								FL ( )
office or reagent. Far	to the provis egistered ag m familiar w	ions of Sections 607.050 jent, or both, in the State ith, and accept the oblig	12 and ( of Fior ations (	607.1508, Florida Statu rida. Such change was of, Section 607.0505, F	tes, the at authorize lorida Stal	oove d by utes	e-named co y the corpora s.	orporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered
SIGNATURE.	Signature, typed	or penjod name of registered age	ltd bna tne	tle tapplicable. (NO	TE Registere	i Age	ent algnature req	equired when reinstating) DATE
12.		OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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NAME		, MICHAEL			2.2 N	AME	}	
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STREET ADDRESS   CITY-ST-ZIF							TADDRESS ( ST-ZIP	
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14. I do hereby 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 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.