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**Jan 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P92000008923 (4)

1. Corporation Name
JUCFAM ASSOCIATES, INC.



Principal Place of Business: **451 OLYMPUS DR JUNO BEACH FL**
Mailing Address: **25802 PRAIRIESTONE DR LAPUNA HILLS CA 92653-6109**

3. Date Incorporated or Qualified 11/30/1992	3a. Date of Last Report 03/15/1996
4. FEI Number 65-0372338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**JUCENAS, BRONE M
451 OLYMPUS DR
JUNO BEACH FL**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	JUCENAS, BRONE M	
STREET ADDRESS	451 OLYMPUS DR	
CITY - ST - ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	AVIZONIS, LIUDA V	
STREET ADDRESS	25802 PRAIRIESTONE DR	
CITY - ST - ZIP	LAGUNA HILLS CA	
TITLE	D	<input type="checkbox"/>
NAME	LIAUKUS, MILDA E	
STREET ADDRESS	21 BROWNSON DR	
CITY - ST - ZIP	HUNTINGTON CT	
TITLE	D	<input type="checkbox"/>
NAME	JUCENAS, ANTHONY L	
STREET ADDRESS	2291 MIRASOL DR	
CITY - ST - ZIP	VISTA CA	
TITLE	D	<input type="checkbox"/>
NAME	CALLO, GAILE	
STREET ADDRESS	30 WEDGEWOOD DR	
CITY - ST - ZIP	CENTERVILLE MA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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.

SIGNATURE: *Sandra B. Mortham* DATE: *Jan 22, 1997* DAYTIME PHONE #: *714-362-1472*

CR2E034 (9/96)