

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996 6-14-96 B-6881 C	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000001201 (0)

1. Corporation Name

JUPITER ISLAND CORPORATION

Principal Place of Business

Mailing Address

**25 SADDLEBACK ROAD
TEQUESTA FL 33469**

**25 SADDLEBACK ROAD
TEQUESTA FL 33469**



2. Principal Place of Business 21 19700 Beach Road Suite, Apt. #, etc. 22 City & State 23 Jupiter Island, FL Zip 24 33469 Country 25 USA		2a. Mailing Address 26 19700 Beach Road Suite, Apt. #, etc. 27 City & State 28 Jupiter Island, FL Zip 29 33469 Country 30 USA	
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3. Date Incorporated or Qualified 01/06/1994	3a. Date of Last Report 03/15/1995
4. FEI Number 65-0457783	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**SIMPSON, MASON
25 SADDLEBACK ROAD
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	Simpson Mason 38 Saddleback Road Tequesta, FL 33469
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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 607.0105, Florida Statutes.

SIGNATURE

M. Mason, Agent

6/11/96

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	SIMPSON, MASON	
STREET ADDRESS	25 SADDLEBACK ROAD	
CITY - ST - ZIP	TEQUESTA FL 33469	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

**38 Saddleback Road
Tequesta, FL 33469**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Mason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

6/11/96

CR2E034 (3/96)