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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## DOCUMENT # **P94000005809** (6)

JUEN ASSOCIATES, INC.

Principal Plac	e of Business	Mailing Address			-{	88416 85801 81301 18111 BB110 1011 1686
JUEN ASSOC. INC. 12261 NW 18TH ST PLANTATION FL 33323		=	JUEN ASSOC. INC. 12261 NW 18TH ST PLANTATION FL 33323-2133			
US 			US		3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last Report 04/02/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FE! Number 65-0464598	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country		Trust Fund Contribution	Added to Fees
24	25	<u> </u>	29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	9. Name and Address of Curre		30	<del></del> ;	10. Name and Address of New Reg	
JUE	N, PETER		81	Name		<u> </u>
	61 NW 18TH ST		90	Caroot Addes	200 (B.O. Roy Number is Not Assessable	<u> </u>
PLANTATION FL 33323					ess (P.O. Box Number is Not Acceptabl	9)
			83	<del></del>		
	The State of the S		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						
12.	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT NO DIRECTORS	E. Registered Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	OFFICERS AN	DELETE	1.1 TITLS	<del></del> 1	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	JUEN, JOANN		1,2 NAME			Change Environment
STREET ADDRESS	12261 NW 18 ST		1.3 STREET	IDDRESS		ì
Q17Y-ST-ZIP	PLANTATION FL		1,4 CITY-S	i		
TITLE		SELETÉ	2.1 TITLE	1-15	<del></del>	Change Addition
NAME			2.2 NAME	. 1	·	
→-STREET-ADDRESS-	معارم پست و هدادین کستان درستان بختان در داران بازندید.	مند البيسة الدين استرياعية الأدر الوا <del>سي</del> انات	2.3 \$18227	:#DCFESS"	- ۋەتىرىيە - دىدا ئىتى <u>رىنى</u> دانىدىنىيەسلامىيە	en er effektig og år en en en makket som en
CITY-ST-ZIP			2, 4 CITY - S	57-ZIP		
TITLE		☐ DELETE	3,1 TiTLE		:	Change Addition
NAME			3.2 NAME	Ì		
STREET ADDRESS			3,3 STREET	ACCRESS		•
CITY-ST-ZIP			3.4. CITY - 9	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME		1	
STREET ADORESS			4.3 STREET	ADDRESS		1
CITY-ST-ZIP	<u> </u>	E DE ETE	4.4 CITY-S	7- ZIP	<del></del>	Obarra Language
TITLE		DELETE	5.1 TITUE		4	☐ Change ☐ Addition
NAME			5.2 NAME	.0000000		1
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - S 5.1 TITLE	1-419		Change Addition
NAME			6.2 NAME		ı	
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP		$\sim$	6.4 SITY - S	1		
	by certify that the information supplie	ed with this filling does not qual			in Section 119.07(3)(i), Florida Statutes	. I further certify that the
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or suppliemental annual yeport 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 helper flyer 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 programment with an address						