

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000031934 (0)

1. Corporation Name  
JUNK PROPERTIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

PO BOX 450057  
2ND FLOOR  
SUNRISE FL 33345  
US

P.O. BOX 450057  
2ND FLOOR  
SUNRISE FL 33345  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1994

4. FEI Number

65-0494267

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 450057

26 P.O. Box 450057

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SUNRISE, FL

28 SUNRISE, FL

Zip

Zip

Country

Country

24 33345

29 33345

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINBERG, STEVEN  
8000 PETERS RD.  
2ND FLOOR  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME PD  
STREET ADDRESS LEON, JANICE L  
CITY-ST-ZIP 11521 NW 23 STREET  
PLANTATION FL

1.2 NAME PD  
1.3 STREET ADDRESS LEON, JANICE L  
1.4 CITY-ST-ZIP P.O. BOX 450057 (N/A)  
SUNRISE, FL 33345

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME STD  
STREET ADDRESS LEON, WILLIAM J  
CITY-ST-ZIP 11521 NW 23 STREET  
PLANTATION FL

2.2 NAME STD  
2.3 STREET ADDRESS LEON, WILLIAM J  
2.4 CITY-ST-ZIP P.O. BOX 450057 (N/A)  
SUNRISE, FL 33345

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 or 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, on an attachment with an address

SIGNATURE:

William J. Leon

2/25/98

CR2E034 (10/97)