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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

LA BRIE, JULES

23700 SW 167TH AVENUE

**HOMESTEAD FL 33031** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000008430 (7) DOCUMENT #

9. Name and Address of Current Registered Agent

LA JULONDEL CORPORATION

Principal Place of Business Mailing Address 23700 SW 167TH AVENUE 23700 SW 167TH AVENUE HOMESTEAD FL 33031 HOMESTEAD FL 33031 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0550174 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30.

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.

81 Name

82

83 84 City

**SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Ago: It signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change LA BRIE. JULES NAME 1.2 NAME 23700 SW 167TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **HOMESTEAD FL 33031** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LA BRIE, ELIZABETH NAME 2.2 NAME 23700 SW 167TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS HOMESTEAD FL 33031 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE ☐ Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY - ST - ZIP DELETE TITLE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - \$1 - ZIP

14. Thereby 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 eath, 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.

10. Name and Address of New Registered Agent

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

**FILED** 

May 07 1998 8:00am

Secretary of State

Applied For

Fee Required

Added to Fees

Zio Code

☐ No

Not Applicable