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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State **DIVISION OF CORPORATIONS**

P95000008845 (6) DOCUMENT #
1. Corporation Name

JUNE CARDIN REALTY CORPORATION

Principal Place of Business Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



80000 SOUTH ORANGE AVE., SUITE 203B ORLANDO FL 32808		80000 SOUTH ORANGE AVE., SUITE 203B ORLANDO FL 32808			DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualified 02/01/1995	JOHOL		
2. Principal Place of Business 2a. Mailing Add					4. FEI Number	A	pplied For	
21		26 2600 TRADEWINDS TRAIL			ح 59-3292786	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required		
City & State	8	City & State 28 ORLANDO)		6. Election Campaign Financing Trust Fund Contribution			
Zip 24	Country 25	Zip 29 / 32 805	Coun	try RANGE	This corporation owes or has paid the c Personal Property Tax due June 30.		tangible No	
24	g, Name and Address of Cur		[30]	CHIVOL	10. Name and Address of New Registered		<u> </u>	
CARDIN, JUNE E				1 Name				
80000 SOUTH ORANGE AVE., SUITE 203B ORLANDO FL 32809				<u> </u>	rece (P.O. Boy Number is Not Accordable)			
				Street Ad	Idress (P.O. Box Number is Not Acceptable)			
								
				City	F	85 Zip	Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Standard in the Standard in the standard in the section of the section o	ite of Florida. Such change was a	authorized	by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing it	ts registered registered	
SIGNATURE		· . •						
	Signature, typod or printed name of registered	agent and title if applicable (NOTE AND DIRECTORS	Registered /	Agent signature req	DATE ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS ADDITIONS AND ADDITIONS AND ADDITIONS ADDITIONS AND ADDITIONS AND ADDITIONS AND ADDITIONS AND ADDITIONS AND ADDITIONS AND ADDI	ID DIRECTOR	2C (N. 12	
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NAME	CARDIN, JUNE E		1.2 NAME					
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CITY-ST-ZIP				-ST-ZIP				
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NAME			2.2 NAM	E			i	
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CITY-ST-ZIP				r-ST-ZIP	: · · · · · · ·		[
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STREET ADDRESS			3.3 STR	ET ADDRESS			ļ	
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STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			b.4 CiTY	-ST-ZIP				

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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

1/12/00 UM 8U2 8025