

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90002 007 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000044300**

1. Corporation Name

JUNE EIGHTH CORPORATION

Principal Place of Business
**TWO SOUTH ORANGE AVENUE
ORLANDO FL 32801**

Mailing Address
**TWO SOUTH ORANGE AVENUE
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

59-3348048

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 the current year
Intangible Personal Property.



Yes ☒ No

2. Principal Place of Business

668 N. ORLANDO AVE

2a. Mailing Address

668 N. ORLANDO AVE

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

MAITLAND FL

City & State

MAITLAND FL

Zip

32751

Country

USA

Zip

32751

Country

USA

9. Name and Address of Current Registered Agent

**SNIVELY, STEPHEN W
200 S. ORANGE AVENUE
SUITE 3000
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

MARGARET L. MORBITZER

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

MORBITZER GROUP, INC.

83.

668 N. ORLANDO AVE, #105

84. City

MAITLAND

FL

85. Zip Code

32751

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 **Margaret L. Morbitzer** **MARGARET L. MORBITZER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE
NAME **NIKITINE, VADIM A**
STREET ADDRESS **TWO SOUTH ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **DPST** ☒ Change ☐ Addition
1.2 NAME **VADIM A. NIKITINE**
1.3 STREET ADDRESS **668 N. ORLANDO AVE, #105**
1.4 CITY-ST-ZIP **MAITLAND, FL 32751**

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

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 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.

SIGNATURE: **V. Nikitine** **RYADIMRAO NIKITINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/9/99 407/539-1000 X103

CR2E034 (5/99)