

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

FILED

Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000087776 (7)**

1. Corporation Name  
**JULIAN & PAUL, INC.**

Principal Place of Business  
**1440 N FEDERAL HWY  
FT LAUDERDALE FL 33316**

Mailing Address  
**1440 N FEDERAL HWY  
FT LAUDERDALE FL 33304-1459**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/13/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0627013</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**SMALLCORN, MICHAEL P  
1440 N FEDERAL HWY  
FT LAUDERDALE FL 33304**

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALLCORN, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1440 N FEDERAL HWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALLCORN, PAMELA JOAN</b>	2.2 NAME	
STREET ADDRESS	<b>5300 NE 24 TERR #102C</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVEREUX, ALLAN PATRICK</b>	3.2 NAME	
STREET ADDRESS	<b>5300 NE 24 TERR #102C</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	3.4 CITY-ST-ZIP	
TITLE	<b>OD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALLCORN, MICHAEL PAUL</b>	4.2 NAME	
STREET ADDRESS	<b>5300 NE 24 TERR #102C</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	4.4 CITY-ST-ZIP	
TITLE	<b>OD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALLCORN, PHILIP JULIAN</b>	5.2 NAME	
STREET ADDRESS	<b>5300 NE 24 TERR #102C</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: P. Smallcorn **PHILIP SMALLCORN 9 APRIL 97 954 566 4750**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)