

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0627013

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMALLCORN, ROBERT	
STREET ADDRESS	1440 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMALLCORN, PAMELA JOAN	
STREET ADDRESS	5300 NE 24 TERR #102C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEVEREUX, ALLAN PATRICK	
STREET ADDRESS	5300 NE 24 TERR #102C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE	OD	<input type="checkbox"/> DELETE
NAME	SMALLCORN, MICHAEL PAUL	
STREET ADDRESS	5300 NE 24 TERR #102C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE	OD	<input type="checkbox"/> DELETE
NAME	SMALLCORN, PHILIP JULIAN	
STREET ADDRESS	5300 NE 24 TERR #102C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMALLCORN, PAMELA JOAN	
2.3 STREET ADDRESS	837 SW 14th ST	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315	

3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEVEREUX, Allan	
3.3 STREET ADDRESS	837 SW 14th ST	
3.4 CITY-ST-ZIP	FT Lauderdale FL 33315	

4.1 TITLE	OD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SMALLCORN MICHAEL P	
4.3 STREET ADDRESS	837 SW 14th ST	
4.4 CITY-ST-ZIP	FT Lauderdale FL 33315	

5.1 TITLE	OD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SMALLCORN PHILIP J	
5.3 STREET ADDRESS	837 SW 14th ST	
5.4 CITY-ST-ZIP	FT Lauderdale FL 33315	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *R. Smallcorn* R SMALLCORN 27 Apr 98 954-566-4750

CR2E034 (10/97)