FILE NOW: FILING FEE AFTER MAY 1 IS \$55

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT DE STAT

Sandra B. Mort an

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P9600005237 (8)

JUNONIA INVESTMENT CORPORATION

9224 DIMMICK DRIVE 9224 DIMMICK DRIVE SAMBEL FL 33957 SANIBEL FL 33957-3004 3. Date Incorporated or Qualified 3a. Date of Last Report 01/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FINLEY, CHANDLER R 1645 PALM BEACH LAKES BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 520** 83 W PALM BEACH FL 33401 City 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. arecistives SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELETE Change Addition TITLE 11 TITLE VERWER, PAULUS NAME 12 NAME 9224 DIMMICK DR. STREET ADDRESS 13 STREET ADDRESS SANIBEL FL 33957 CITY-ST-7IP 1.4 CITY - ST - ZIP DELE TE Change Addition TITLE 2.1 TITLE VERWER, MONIQUE NAME 2.2 NAME 9224 DIMMICK DR. STREET ADDRESS 2.3 STREET ADDRESS SANIBEL FL 33957 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2(F DELETE Change ☐ Addition TITLE 4.1 TITLE 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-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 if 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

E.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

E.3 STREET ADDRESS

6/3 STREET ADDRESS

E.4 CITY-\$1-ZIP

CIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

material a month of the locker

DELETE

DELETE

11/20/07

(CL) 705 Roll

Change

Change

Addition

Addition

FILED

Apr 28 1997 8:00am

Secretary of State