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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000063873

1. Corporation Name

JUNO LAND DEVELOPMENT CORPORATION

Principal Place	e of Business	Mailing Address			<del></del>		BATEL MÖYNT BANKI BAKIN	<b>B</b> al <b>or</b> eliti loli	
308 TEQUESTA DR		308 TEQUESTA DR							
STE 12		STE 12				DO NOT WRITE IN THIS SPACE			
TEQUESTA FL 33469		TEQUESTA FL 33469				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US		US				07/29/1996	allieu		
O Dain air at Ol	lane of Puninger	2a. Mailing Address				4. FEI Number		T A	pplied For
`	lace of Business	<u> </u>				65-0686161			ot Applicable
21 Suita Act	# etc	Suite, Apt. #, etc.			·				Additional
Suite, Apt. #, etc.		27				5. Certificate of Status Des	ired 🗀	•	equired
City & State		City & State				6. Election Campaign Fina	ncing " 🗂	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of	New Registered	Agent	
1/1100	T7 (0) N W			81	Name				-
	TZ, JOHN W			82	Street Add	ress (P.O. Box Number is Not A	cceptable)		
13205 US HIGHWAY ONE STE 500 JUNO BEACH FL 33408-5143						<u> </u>			
JUNU	U BEAUTI FL 33406-3143			83		•			
				84	City	<del>-</del>		85 Zip	Code
				Ш		ti	FL	e '	e registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was a	utnorized	ו עם ו	ne corporati	poration submits this statement in ion's board of directors. I hereby	accept the appoi	intment as r	egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stat	ites.					
SIGNATURE							DATE		}
	Signature, typed or printed name of registered agent	t and title it applicable. (NOTE	Registered	Ağent	signature require	ed when reinstating)			
12	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECT	ORS IN 12
12.	OFFICERS ANI		13.	ne		ADDITIONS/CHANGES	TO OFFICERS AN	VD DIRECT Change	ORS IN 12
TITLE	D	D DIRECTORS	13. 1.1 TI 1.2 N				TO OFFICERS AN		
TITLE NAME	D HENDRICKSON, ROBERT M		1.1 TI 1.2 N	ME			TO OFFICERS A		
TITLE NAME STREET ADDRESS	D HENDRICKSON, ROBERT M 108 TURTLE CREEK DRIVE		1.1 TI 1.2 N 1.3 S	NME REET	ADORESS	P/D		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKSON, ROBERT M 108 TURTLE CREEK DRIVE TEQUESTA FL 33408		1.1 TI 1.2 N 1.3 S	NME REET	ADORESS - ZIP	P/D Zip Code		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HENDRICKSON, ROBERT M 108 TURTLE CREEK DRIVE TEQUESTA FL 33408 D HENDRICKSON, PATRICIA 108 TURTLE CREEK DRIVE	☐ DELETE -	1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S'	TREET / TY-ST- TLE	ADDRESS -ZIP -ADDRESS	T/D Zip Code	33469	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HENDRICKSON, ROBERT M 108 TURTLE CREEK DRIVE TEQUESTA FL 33408 D HENDRICKSON, PATRICIA	☐ DELETE -	1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 CI	TREET / TY-ST- TLE AME TREET /	ADDRESS -ZIP -ADDRESS	P/D Zip Code	33469	Change	Addition
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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 of a attachment with an address, with all other like empowered.

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401 L 5,1999

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90061 024 \*\*\*150.00