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

PROFIT CORPORATION ANNUAL REPORTS 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortkem

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000070498 (6)

JUPET, INC.

Principal	Place	ol	Busir	1055

Mailing Address

## FILED Feb 27 1997 8:00am Secretary of State



2781 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306			2781 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306-1423				
					3. Date Incorporated or Qualified 08/23/1996	3a. Date of La	st Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			<b>65 949 91 66</b>	•	Not Applicable
Suite, Apt #	t, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>58.7</b>	5 Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country 25	Zip 29	Cour	itry	8. This corporation has liability for Florida Statutes	ntangible tax und Yes	er s. 199.032,
2-7[	9. Name and Address of Cu				10. Name and Address of New Re	gistered Agent	
MAD	BIN, EVAN R ESO			B1 Name			
48 E	AST FLAGLER STREET			82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
	THOUSE 104 AI FL 33131			83			
	•			84 City		FL 85	Zip Code
office or re	o the provisions of Sections 607 agistered agent, or both, in the S in familiar with, and accept the o	date of Florida. Such change w	as authorized	hy the coroni	orporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing	ng its registered t as registered
SIGNATURE.							
	Signature typed or printed name of registers		(NOTE: Registered	Agent signature rec	juired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	TORS IN 12
12.	<u></u>	AND DIRECTORS  DELETE	1.1 TIT	r 1	ADDITIONS/CHANGES TO OFFIC	Char	- <del>  </del> (
TITLE NAME	d Cain, Peter		1.1 III 1.2 NA				
STREET ADDRESS	2781 NORTH FEDERAL HI	GHWAY		REET ADDRESS			
CITY-SI-Zip	FORT LAUDERDALE FL 33			Y-ST-ZIP			[6]
THLE	D	DELETE	2.1 191		MILE STREET, S	Char	nge 🔲 Addition
NAME	CAIN, JUDITH		2.2 NA	ME			
STREET ADDRESS	2781 NORTH FEDERAL HI	GHWAY	2.3 ST	REET ADDRESS			
CITY - ST - ZIF	FORT LAUDERDALE FL 33		2. 4 Cf	TY-ST-ZIP		:	j
TITLE		DELETE	3.1 TIT	LE		☐ Cha	nge 🔲 Addition
NAME			3.2 NA	ME			1
STHEET ADDRESS			3.3 ST	REET ADDRESS			İ
City-St-7iP			34. CI	TY-ST-ZIP			
TITLE		☐ DELETE	4,1 ] [	LE		Cha	nge L Addition
NAME			4. 2 N/	ME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CHY-SI-ZIP			4.4 CI	Y-ST-ZIP			
TITLE		DELETE	5.1 1(1	LE		☐ Cha	nge 🔲 Addition
NAME			5.2 NA	ME			]
STREET ADDRESS			5.3 ST	REET ADDRESS			
Crty - St - ZiP			5.4 Ci	Y-ST-ZIP			
TITLE		DELETÉ	61 TIT	LĒ	- AMELIAN STATE OF THE STATE OF	Cha	nge Addition
NAME			62 NA	ME			
STREET ADDRESS			•	REET ADDRESS			
CITY-SI-2IF	_			TY-ST-ZIP			
	by certify that the information sur	oplied with this filing does not o			ted in Section 119.07(3)(i), Florida Statute	es. I further certify	that the

4. I do hereby certify that the infortiation supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Horida Statutes. I further certify that the information indicated on this annual report of suppliemental 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 corp iration or filling 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 of image, of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYP

NAME OF SIGNING OFFICER OF DIRECT

4941

2-11-4

asi. Susauko

Daytime Phone #