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

Mailing Address

145 WOODLANDS RD PALM SPRINGS FL 33461

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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PROFIT CORPORATION ---ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

Country

81

82

83

84 City

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.

-|30|:

DOCUMENT # P96000075831

Country

9. Name and Address of Current Registered Agent

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WEST PALM BEACH FL 33405

Principal Place of Business

148 WOODLANDS-AD PALICEPATINGS TE 33461

606 Forest west plan

Suite, Apt. #, etc.

JOUNI, ELIE

124 ALPINE ROAD

City & State

21

22

23

24

Zip

STREET ADDRESS

CITY-ST-ZIP

JOUNI, INC.

SIGNATURE (NOTE: Registered Agent signature required when rainstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE JOUNI, ELIE 1.2 NAME NAME 145 WOODLANDS RD 1.3 STREET ADDRESS STREET ADDRESS PALM SPRINGS FL 33461 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY+ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE ☐ Change Addition TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90087 035 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

85

ΠNo

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

09/10/1996 4. FEI Number

65-0695703

CR2E034 (11/98)

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, with all other like empowered. MATU