

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000009698 (6)

1. Corporation Name

TROUPIN/JUVELIS ASSOCIATES, INC.



Principal Place of Business

1855 GRIFFIN ROAD
A407
DANIA FL 33004

Mailing Address

1855 GRIFFIN ROAD
A407
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21. <u>PCOTA, 1855 GRIFFIN RD.</u>		27. Suite, Apt. #, etc.	
22. <u>A 364</u>		28. City & State	
23. <u>DANIA</u>		29. Zip	
24. <u>FL</u>		30. Country	

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0735319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

JUVELIS, PETER
1855 GRIFFIN ROAD
~~1855~~
DANIA FL 33004

10. Name and Address of New Registered Agent

81. Name JUVELIS PETER
82. Street Address (P.O. Box Number is Not Acceptable)
1855 GRIFFIN RD
83. SUITE A 364
84. City DANIA FL 85. Zip Code 33004

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUVELIS, PETER	1.2 NAME	
STREET ADDRESS	1855 GRIFFIN ROAD 1855	1.3 STREET ADDRESS	SUITE A 364
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUPIN, PASCALE	2.2 NAME	
STREET ADDRESS	1855 GRIFFIN ROAD 1855	2.3 STREET ADDRESS	SUITE A 364
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

04/29/98 (951) 925 2557

CR2E034 (10/97)