

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000037761**

Corporation Name

JULIEN ENTERPRISES, INC.

Principal Place of Business
**29 RIDDLE RD
WEST PALM BEACH FL 33406**

Mailing Address
**4405 161ST TERR N
LOX FL 33470
US**

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90006 012 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
29 RIDDLE RD WEST PALM BEACH FL 33406		4405 161ST TERR N LOX FL 33470 US		04/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		65-0830732	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent

**RICHARDSON, KEVIN F ESQ.
1551 FORUM PLACE, STE. 300-F
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS		1.2 NAME	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. ADDRESS		2.2 NAME	
7. CITY-STATE-ZIP		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ADDRESS		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

**SIGN
& DATE**

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: *Steven Julien VP* 9/6/99

CR2E034 (5/99)