

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90316 020 \*\*\*150.00

DOCUMENT # P97000107178

1. Entity Name  
JUNO & GEORGE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
412 WEST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311	412 WEST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0799677	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent	
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7. Name and Address of New Registered Agent

BEATTIE, JUNO M 412 WEST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311	Name
	Street Address
	City

P.O. Box Number is Not Acceptable)

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D BEATTIE, JUNO M</b> <b>412 WEST OAKLAND PARK BLVD.</b> <b>FORT LAUDERDALE FL 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# Final

Daytime Phone No. \_\_\_\_\_

CR2E034 (9/01)