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JUN, INC.					-02 MAY -3 F-PH-3: 25	
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2. Principal F	Place of Business S. HWY 441 . #, etc.	3. Mailing Address \\\+\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ZEM	ORAN BLD	DO NOT WRITE IN THIS SPACE	Ε
City & Stat	PKA. FL	City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3510719	Applied For
Zip 22103	Country ORANGE	2ip 327 03	Coun	Z ANCI E	5 Certificate of Status Desired \$8.7	Not Applicable  75 Additional Required
	,		•		7. Name and Address of Current Registered Age	nt
	DO NOT V	/DITE		Name JA		
				Street Address (	(P.O. Box Number is Not Acceptable) FOX FOR REST CR	
	IN THIS S	PACE				
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8. The above	e named entity submits this statement	for the purpose of changing	a its registere	City APOP	<del></del>	Cip Code 32712
8. The above	, ·		•	ed office or register	red agent, or both, in the State of Florida.	tip Code 子 マ フ ト フ ト フ ト フ ト フ ト フ ト フ ト フ ト カ も カ も の も る る る る る る る る る る る る る
SIGNATURE	Signeture, typod or printed name of registered ago	nt and title if applicable. ((	(NOTE: Registere		red agent, or both, in the State of Florida.  d whom nonestating)  UAIL	P Code 32712
9. This corp Tax filing (See crite	Signature, typed or printed name of registered age oration is eligible to satisfy its intampit requirement and elects to do so, rria on back)	int and title of applicable. ()  January 1  After M  Amen  Make Check Pa	May 1 Fe lay 1, Fee I ided UBR I	ed office or register  d Agent signature required  se is \$150.00	red agent, or both, in the State of Florida.  d when reinstating!  10. Election Campaign Financing  Trust Fund Contribution.	\$5.00 May Be Added to Fees
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NAME

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 on an attachment with an address, with all other like empowered.

NTED NAME OF BIGN

STREET ADORESS

CITY-ST-ZIP

321-277-2111 Dayono Phone &

5/29/02

LEE

NAME

STREET ADDRESS

SIGNATURE: \_

CITY-ST-ZIP

(2) Attachment FEI# 59-3510719

Who it may concern:

Last past two yrs, we never received notice of coporation renew, so here I'm Gending venew application along with \$1500 for two yrs and \$8.75 for Cetificate please do not hesitate to call me if there is any problem at 321-211-2131 401-886-0112

Thule you!

Sincerely yours

Su bee Jun, TWC Vicepresident.