Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90091 026 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000051863

1. Corporation Name

JUNRON ENTERPRISES, INC.

Principal Place	of Business	Mailing Address					
113 GLASGOW COURT 113 GLASGOW COURT							
DAVENPORT_FL_33837 DAVENPORT_FL_33837				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 06/04/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21 26					59-355 1386	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible	
24	25	29	0		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	
	DET SUBBOC O		· 81	Name			
	REZ, EUNICE P		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
3722 AHOYA LANE							
ORD	NDO FL 32837	•	83	·			<i>'</i>
		•	84	City	FL	85 Zip (Code `
agent. I ar	egistered agent, or both, in the State of in familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statutes		rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint the appoint the statement for the purpose of tion's board of directors. I hereby accept the appoint the appoint the statement for the purpose of tion's board of directors.	·	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PILLAY, RONALD		1.2 NAME				
STREET ADDRESS	113 GLASGOW COURT	•	1.3 STREE	TADDRESS			
CITY-ST-ZIP	DAVENPORT FL 33837		1.4 CITY-S		<u> </u>		
TITLE ·	ST		2.1.TITLE -			Change	☐ Addition
NAME	PILLAY, JUNE		2.2 NAME		·		
STREET ADDRESS	113 GLASGOW COURT			TADORESS			
CITY-ST-ZIP ~	DAVENPORT FL 33837	C DELETE	2. 4 CITY-S	ST-ZIP ·		☐ Change	Addition
TITLE	** •	☐ DELETE	3.1 TITLE			C Guarido	
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	<u> </u>	☐ Change	☐ Addition
TITLE		□ occete	4.1 IIILE		·		
NAME			4	T ADDRESS			
STREET ADDRESS		•					
CITY-ST-ZIP TITLE	· .		4.4 CITY-S 5.1 TITLE	17-ZIF		☐ Change	☐ Addition
NAME			5.2 NAME			, =	
STREET ADDRESS	•		5.3 STREE	TADDRESS	•		
CITY-ST-ZIP	3		5.4 CITY-S	- 1			
UIII-SI-ZIP	·	□ OFLETE	61 TITLE		<u> </u>	Change	☐ Addition

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

CITY-ST-ZIP1 , 🕾

THAT WERDNALD BILLAY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

941-422-6096