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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000077339**1. Corporation Name

THE 13TH OF JUNE, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90045 017 ***150.00



Principal Place	of Business	Mailing Address			}				
510 BUTTONWOOD LANE		510 BUTTONWOOD LANE			1				
BOYNTON: BEAC	CH FL 33428 3 6	BOYNTON BEACH FL 33425-36			-	DO NOT WRITE IN THIS SPACE			
					-	3. Date Incorporated or Qualifed			
:					1	09/08/1998			}
2 Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		I	pplied For
- 		16				65-0861692			lot Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		27	¬		ĺ	5. Certifcate of Status Desired		Fee F	Required
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	a			Trust Fund Contribution		Added	to Fees
Zip Country Zip		Zip	p Country			8. This corporation owes the curre	ent year Inta	ngible	_
24	29 30	30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent	-	-		10. Name and Address of New R	egistered A	gent	
			8	I1 Name	9				1
AMERILAWYER			8	Street	Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE			L						
CORAL GABLES FL 33134			1	33		•			
				34 City				85 Zip	Code
•	Salar Sa		4				<u> </u>	Ш_	
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 ar	egistered agent, or both, in the State of medical from the state of the figure of the obligation in the state of the state	ons of, Section 607.0505, Florida	Statut	es.	poradono	A A	71.	1 - 3	
SIGNATURE	•	•					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					e required wh		DATE	DIDECT	7000 IN 42
12.	OFFICERS AND		13.	.		ADDITIONS/CHANGES TO OF	-ICERS ANI	Change	
TITLE	PTD	☐ DELETE	1.1 7170					☐ ¢nange	
NAME	WEISE, RUTH ANN		1.2 NAM						
STREET ADDRESS	510 BUTTONWOOD LANE			EET ADDRESS	s				
CITY-ST-ZIP	BOYNTON BEACH FL 33425	☐ DELETE		-ST-ZIP		<u> </u>		□ Change	Addition
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TITLE	n		6.2 NAM		Į				
NAME				EET ADDRES	s				
STREET ADDRESS			0.0011	1 70010	~				

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, with all other like empowered.