SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:28

DOCUMENT # **S81750** **(9)**

1. Corporation Name

JUST CUES, INC.

Principal Place of Business	Mailing Address
6321 PEMBROKE ROAD **HOLLYWOOD FL 33023**	**6321 PEMBROKE ROAD** **HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1991**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) County (25) (30)

4. FEI Number: **65-0286435** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

7. This corporation has liability by shareholder tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIRICO, PATRICIA
7140 S.W. 11TH STREET
PEMBROKE PINES FL 33023

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

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 am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Patricia Sirico* [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIRICO, PATRICIA
STREET ADDRESS	7140 SW 11ST ST.
CITY ST ZIP	PEMBROKE PINES FL

13. [illegible] ☐ Change ☐ Addition

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	

21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	

31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	

41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	

51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	

61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 (A) address.

SIGNATURE: *Patricia Sirico*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0083760 CP