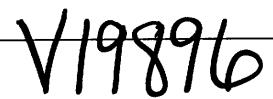
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DOCUMENT #		FILARE 29
Robert Julia No Inc.		AM S
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Principal Place of Business Mailing Address		5 ONS
Broward Conty FC 1564- Se 5-ST Deer Field Beh FC		
	33441	
	ew Mailing Address, If Applicable	DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida
	Apt telc. Reb FC	5. FEI Number Applied For
City & State Field Roh Fl	State	65-03 45353 Not Applicable
33441 Broward Zip 3	3441 Country Broward	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/or Direct     Name of Officers	tor (Florida nonprofit corporations must list at le Street Address of Ea	
Title(s) and/or Directors 1 2	Officer and/or Direct 3 (Do NOT Use Post Office Box	or City / State / Zin
Pres Rober Tuliani	0 1564-Se 5-S	T peerfield BC4 7653441
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	to postal.	error see abbelled otto
Name and Address of Current Register	No	9. Name and/Address of New Registered Agent
Robert Juliano		(P.O. Box Number is Not Acceptable)
1564- Se 5-ST.	Suite, Apt. #, Et	(P.O. Box Number is Not Acceptable) c.
Dearfield Boh FC 3:	3441 city	State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent Calum Fredistrand Agent MUST SIGN  Date 2-26-96		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)		
12. I do 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this relief statement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #		





February 24, 1996

To Whom It May Concern,

This is to inform you that our customer Robert Juliano had recently resided in the Deerfield Beach area at 309 SE 7th Avenue and had changed his residence to 1564 SE 5th Street in Deerfield.

For some time now we have had a substitute Letter Carrier on the route during the Regulars absence. Apparently, from our discovery, the substitute delivered the Juliano's mail to the old address on SE 7th Avenue and the new residents were not giving it back to the mail carrier. It seems as though they were tossing it and thus the Juliano's never received their mail from that period.

This matter has since been corrected and we apologize for any inconvenience that the Juliano's and/or their correspondents have incurred.

If there is anything else I can do to recitfy this situation please do not hesitate to contact me at 954-427-3600.

Thank You

Johr Rapetti Supervisor Del. And Coll. Deerfield Beach 33441