

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000045684

**Entity Name:** THE JULIAN CORP.

**Current Principal Place of Business:**

1 NORTH BREAKERS ROW  
PALM BEACH, FL 33480

**Current Mailing Address:**

P.O.BOX 501  
PALM BEACH, FL 33480 US

**FEI Number:** 47-4076854

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOOPLER, JULIAN  
1 NORTH BREAKERS ROW  
PALM BEACH, FL 33480 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            STOOPLER, JULIAN  
Address        1 NORTH BREAKERS ROW  
City-State-Zip: PALM BEACH FL 33480

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIAN STOOPLER

D

07/12/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date