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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K78292** **(5)**

1. Corporation Name
JANET CRISTOFORI, INC.

Principal Place of Business	Mailing Address
%JANET GAIL CRISTOFORI 1559 U.S. 1 UNIT #3 SEBASTIAN FL 32958	%JANET GAIL CRISTOFORI 1559 U.S. 1 UNIT #3 SEBASTIAN FL 32958-3695

3. Date Incorporated or Qualified: 04/06/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Cou (30)

4. FEI Number: 65-0106980 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRISTOFORI, JANET GAIL
RIVERVIEW CENTER
1559 U.S. 1 UNIT #3
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Required) Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVS CRISTOFORI, JANET GAIL 1559 U.S. 1 UNIT #3 SEBASTIAN FL ☐ DELETE	1LE / 1ME / 1REET ADDRESS / 1Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISTOFORI, JANET GAIL 1559 U.S. 1 UNIT #3 SEBASTIAN FL ☐ DELETE	2LE / 2ME / 2REET ADDRESS / 2IY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRISTOFORI, BRUNO 1559 U.S. 1 UNIT #3 SEBASTIAN FL ☐ DELETE	3LE / 3ME / 3REET ADDRESS / 3Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4LE / 4ME / 4EET ADDRESS / 4Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5E / ME / REET ADDRESS / Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	LE / ME / REET ADDRESS / Y-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE: Janet Cristofori — 2-10-97 — (561) 388-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR FOR — Date — Daytime Phone #