

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K78292** (5)
1. Corporation Name
JANET CRISTOFORI, INC.

Principal Place of Business %JANET GAIL CRISTOFORI 1559 U.S. 1 UNIT #3 SEBASTIAN FL 32958	Mailing Address %JANET GAIL CRISTOFORI 1559 U.S. 1 UNIT #3 SEBASTIAN FL 32958
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1989	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0106980	Applied For ☐ Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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 _____ DATE _____
(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	CRISTOFORI, JANET GAIL		1.2 NAME		
STREET ADDRESS	1559 U.S. 1 UNIT #3		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	CRISTOFORI, JANET GAIL		2.2 NAME		
STREET ADDRESS	1559 U.S. 1 UNIT #3		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	CRISTOFORI, BRUNO		3.2 NAME		
STREET ADDRESS	1559 U.S. 1 UNIT #3		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Janet Cristofori* Janet Cristofori 1/10/98 (561) 388-5300

CP2E034 (10/97)