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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M43806

(2)

Mailing Address

**JANUS & HILL CORPORATION** 

6285 LAKE WORTH RD STE 13 LAKE WORTH FL 33463 US		6295 LAKE WORTH RD STE 13 LAKE WORTH FL 33463 US	STE 13 Lake Worth FL 33463-3032		3. Date Incorporated or Qualified 3a. Date of Last 12/23/1986 03/27/1996			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For	
Δ1		26			59-2755028	Not Applicable		
22 Apr		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<b>├</b> ¬ ′		Election Campaign Financing     Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199,032,			
24	25  9, Name and Address of Curr	29	30	Florida Statutes  10. Name and Address of New Regis				
		ent Registered Agent	a	1 Name	10. Name and Address of New Re	jistered Ageni		
	, MONICA B.		Ľ	Hame	·			
	7 CROSS PINE COURT E WORTH FL 33467		82 Street		ddress (P.O. Box Number is Not Acceptable)			
	E WORTH FE 33407		8	3				
			8	4 City		FL 85	Zip Code	
SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the objections by the stamper of the stam				orporation submits this statement for the p ration's board of directors. I hereby accep quired when reinstaing)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITUE			С	hange Addition	
NAME	HILL, MONICA B.		1.2 NAM	E			•	
STREET ADDRESS	9887 CROSS PINE CT		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL	T osuste	1.4 CITY					
TITLE NAME	TDS Janus, Lidia e.	☐ DELETE	2.1 TITLE	į.		L 0	hange L Addition	
STREET ADDRESS	9020 WINDING WOODS DR.		2.2 NAM	į.				
CITY-ST-ZIP	LAKE WORTH FL		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP					
True	VD	☐ DELETE	3.1 TITLE	<del></del>		□ c	hange Addition	
NAME	HILL, GREGGORY A.	<del></del>	3.2 NAM					
STREET ADDRESS	9887 CROSS PINE CT		3 3 STRE	ET ADDRESS				
CITY - ST - ZIP	LAKE WORTH FL		3.4. CITY	-ST-ZIP				
THTLE		DELETE	4.1 TITLE			□ c	hange	
NAME			4. 2 NAM	IE				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-7iP			4.4 CITY					
TITLE		DELETE	5.1 TITLE			LL C	hange Addition	
NAME			5.2 NAM					
STREET ADDRESS				et address				
CrTY+ST+ZiP TITLE	NY MARIE AND	DELETE	5.4 CITY				hange	
NAME		prrcsc	6.1 TITLE 6.2 NAM	F		L.J (	hange [_] Addition	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	į.				
14. I do heret	by certify that the information suppl	lied with this filing does not qua	lity for the ex	remotion stat	ted in Section 119.07(3)(i), Florida Statutes	. I further certif	fy that the	
intormatio Lam an of	n indicated on this annual report o	r supplemental annual report is or the receiver or trustee empo	s true and according to the second structure of the second	curete and th	nat my signature shall have the same legal port as required by Chapter 607, Florida S	effect as if me	de under nath: that	