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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M43806**

1. Corporation Name

JANUS & HILL CORPORATION

Principal Place of Business	Mailing Address
6295 LAKE WORTH RD STE 13 LAKE WORTH FL 33463 US	6295 LAKE WORTH RD STE 13 LAKE WORTH FL 33463 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1986

2. Principal Place of Business	2a. Mailing Address
21 6295 LAKE WORTH ROAD	26 6295 LAKE WORTH ROAD
Suite, Apt. #, etc. 22 Suite 19	Suite, Apt. #, etc. 27 SUITE 19
City & State 23 LAKE WORTH, FL	City & State 28 LAKE WORTH, FL
Zip 24 33463 Country 25 US	Zip 29 33463 Country 30 US

4. FEI Number: 59-2755028 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HILL, MONICA B.
9887 CROSS PINE COURT
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 _____ 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HILL, MONICA B.		1.2 NAME	
STREET ADDRESS	9887 CROSS PINE CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	
TITLE	TDS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JANUS, LIDIA E.		2.2 NAME	
STREET ADDRESS	9020 WINDING WOODS DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		2. 4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HILL, GREGGORY A.		3.2 NAME	
STREET ADDRESS	9887 CROSS PINE CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH 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	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Monica B. Hill MONICA B. HILL 2/27/99 (561) 967-0679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #