

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 25 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042998 (2)

1. Corporation Name

JANKOWLA EUROPEAN BODY WRAP, INC.

Principal Place of Business

**240-B EGLIN PARKWAY
FT WALTON BEACH FL 32547**

Mailing Address

**240-B EGLIN PARKWAY
FT WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 N/A

2a. Mailing Address

26 N/A

4. FEI Number

59-3248969

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

N/A

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

N/A

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

**SMITH, CATALINA M
240-B EGLIN PARKWAY
FT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name

N/A

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SMITH, RICHARD**
STREET ADDRESS **89 LAURIE DR NE**
CITY - ST - ZIP **FT WALTON BEACH FL 32548**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/S

☐ Change ☐ Addition

1.2 NAME

SMITH, CATALINA M.

1.3 STREET ADDRESS

89 LAURIE DRIVE NE

1.4 CITY - ST - ZIP

FT WALTON BEACH, FL 32548

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

V/T

2.2 NAME

SMITH, RICHARD

2.3 STREET ADDRESS

89 LAURIE DRIVE NE

2.4 CITY - ST - ZIP

FT WALTON BEACH, FL 32548

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

N/A

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

N/A

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

N/A

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

N/A

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Catalina M. Smith, President
CATALINA M. Smith, President

4/17/95 904-863-1083