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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053598 (5)

1. Corporation Name JANA GEE, INC. Principal Piace of Business 9723 HAMMOCKS BOULEVARD, G-203 MIAMI FL 33196 MAILING Address 9723 HAMMOCKS BOULEVARD MIAMI FL 33196				. 0-203	
					Date of Last Report 05/01/1996
2. Principat 21	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0598936	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Ζιρ	Country	Z ip	Country	8. This corporation has liability for intang	
24	25 9. Name and Address of Curre	29	[30]	Florida Statutes X Yes 10. Name and Address of New Register	
	AY, RUSSELL J	it uadistated ydaut	B1 Name	10. Rame and Address of New Aegiste	Len Waur
972 SU	23 HAMMOCKS BOULEVARD ITE G-203 AMI FL 33196		82 Street Add 83 84 City	iress (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuan office or agent. I SIGNATURE	the the provisions of Sections 607,055 registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or profed name of registered agents.		tutes, the above-named cor s authorized by the corpora Florida Statutes. OTE Registered Apent signature requ	poration submits this statement for the purpor tion's board of directors. I hereby accept the dred when reinstating)	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS		DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Addition
CHTY - S1 - ZIF	MIAMI FL 33198		1.4 CrTY-ST-ZIP	······································	
TITLE NAME	VSD GRAY, RUSSELL J	☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	9723 HAMMOCKS BOULEVAR MIAMI FL 33196	RD, G-203	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - \$1 - ZIP	1		3.4. CITY - ST - ZIP		
TOLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		ĺ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY-ST-ZIP		
711LE	}	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STHEEL ADDRESS]		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TILE		DELETE	6.1 TITLE		Change Addition

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

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.2 NAME

NAME STREET ADDRESS

C(1Y-ST-20)

FILED

Apr 21 1997 8:00am

Secretary of State