


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 382205 1. Entity Name JANEL MANUFACTURING CO., INC.		
Principal Place of Business 3425 N. DIXIE HWY FT LAUDERDALE, FL 33334	Mailing Address 3425 N. DIXIE HWY FT LAUDERDALE, FL 33334	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARTZ, MILTON 3425 N DIXIE HWY FT LAUDERDALE, FL 33334		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000108395 04/12/04-800001-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
D ARTZ, BERNICE 3425 N DIXIE HWY FORT LAUDERDALE, FL00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SP ARTZ, MILTON 3425 N DIXIE HWY FORT LAUDERDALE, FL00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Melton Artz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/8/04 (954) 565-4656</u> <small>Date Daytime Phone #</small>