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

PROFIT CORPORATION ANNUAL REPORT 1**9**98

CITY+ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Sandra B. Mortham

ANNUAL REPORT 1998				Secretary of State DIVISION OF CORPORATIONS				:	Secretary of State				
DOCUI 1. Corporatio	MENT #	528970	I	(7)		•••							
JANE-L	EE, INC.												
Principal Plac	e of Business		Mailing A	ddress								U(F) 1001	
3151 PIONEER COURT 3151 PIONEER COURT													
KISSIMMEE F			KISSIMM	EE FL 34744-951	8				DO NOT WRIT	E IN THIS S	SPACE		
								F	3. Date Incorporated or Qualified				٦
									03/16/1977			- 	_
	lace of Business		2a. Mailini	g Address					4. FEI Number		I I	pplied For	-
Suite, Apt.	# etc		26 Suite	Apt. #, etc.					NOT APPLICABLE			ot Applicable Additional	+
22	n, 010.		27	7 (pt. 11 ₁ 0to.					5. Certificate of Status Desired	Ш		equired	
City & State	е		City &	State					6. Election Campaign Financing		\$5.00	May Be	1
23			28						Trust Fund Contribution			to Fees	4
Zip	h	Dountry	Zip			ıntry	'		8. This corporation owes or has p	· ·		tangible No	
24	25 9 Name and	Address of Current	Registered A	laent	30	Γ.			Personal Property Tax due Jur 10. Name and Address of New F			<u> </u>	-
RA	UGHMAN, ROB					81	Name						1
	51 PIONEER CT					62	Street A	Addres	s (P.O. Box Number is Not Accepte	able)	.		┨
	SIMMEE FL 32						Ollocti		o (1.0. pox remoti to restriccopa				
						83							
						84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip	Code	1
dd Disassant	to the new deletion	10 ortions 607 01 00	and 607 1500	0 Elorida Čtotut	ao tho o		named a	nornar	alian submits this statement for the	FL	obancina i	te registered	4
office or r agent. I a	to the provisions to registered agent, on im familiar with, ar	or both, in the State of accept the obligat	of Florida, Suc- ions of, Sections	ch change was a con 607.0505, Fig.	authorize orida Sta	d by lutes	the corposition that the the thick t	oration	ation submits this statement for the i's board of directors. I hereby acc	ept the app	ointment as	registered	
SIGNATURE	Signature, typod or prin	led name of registered agent	and the if applicat	ble (NOT	f Registere	d Açıc	nt signature r	required:	when reinstaling)	DATE.			
12.		OFFICERS AND	DIRECTORS		13.				ADDITIONS/CHANGES TO OFF	ICERS AND] ģ
TITLE	PD	BODEDT III		DELETE	1.1 1						L Change	Addition	1
NAME	BAUGHMAN				1.2 N								18
STREET ADDRESS	3151 PIONE KISSIMMEE,						address T-Zip						Š
CITY-ST-ZIP TITLE	MOOIMINEL,	1 6 0000		DELETE	211		1-215				Change	Addition	72
NAME					22 N	AME							
STREET ADDRESS					2.3 S	IREET	address						
CITY-ST-ZIP							ST-ZIP						1
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NAME					3.2 N								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE		45-		☐ DELET E	3.4. U		ST-ZIP				Change	Addition	1
NAME					4. 2 N								
STREE! ADDRESS							ADDRESS						
CITY-ST-ZIP					4.4 C	ITY-S	1 - ZIP						
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STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DELETE			1 · 21P				☐ Change	Addition	-
TITLE				∟ DELETE	6.1 TI 6.2 N						□ Cuange	Maningu	
NAME Street address							ADDRESS						
OTTICE MODIFIESS					0.00		. was now						

14. Thereby certify that the information supplied with this filting 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 agricular report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receipts 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 or an entaction with an address.

6.4 CITY - ST - ZIP