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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 856489

1. Corporation Name

JANUS FINANCIAL CORPORATION

FILED
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90039 008 ****150.00

Principal Place of Business	Mailing Address
% P. DOUGLAS FREEDLE 515 MADISON AVE ROOM 3304 NEW YORK NY 10022	% P. DOUGLAS FREEDLE 515 MADISON AVE ROOM 3304 NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/19/1983

2. Principal Place of Business `21`	2a. Mailing Address `26`	4. FEI Number 52-1283862	Applied For
			Not Applicable

Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required

City & State `23`	City & State `28`	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

Zip `24`	Country `25`	Zip `29`	Country `30`	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☒No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PTD** ☐ DELETE NAME **FREEDLE, P. DOUGLAS** STREET ADDRESS **4224 BAY TO BAY BLVD** CITY-ST-ZIP **TAMPA FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **V** ☐ DELETE NAME **PENNINGTON, DARLENE M.** STREET ADDRESS **MT.ZION SHERMAN RD.** CITY-ST-ZIP **DRY RIDGE KY**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VSD** ☐ DELETE NAME **PEDRETTI, RINA E.** STREET ADDRESS **515 MADISON AVE RM 3304** CITY-ST-ZIP **NEW YORK NY**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   P. Douglas Freedle 2/1/99   212 935 0931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   President   Date   Daytime Phone #