PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # F21703



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre:ary of State
DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90092 023 \*\*\*150.00

| JANDA A  | ASSOCIATES, INC.   |  | -   |   |  |  |                    |                                     |                                     |                 |
|--|--|--|---|---|--|--|--------------------|-------------------------------------|-------------------------------------|-----------------|
| Principal Flac   | e of Business  | Ma   | ailing Address  |   |  |  |                    |                                     |                                     |                 |
| 1433 107ST GULF<br>POST OFFICE BOX 301<br>MARATHON FL 33050  |  |  | 320 30TH STREET . OCEAN<br>POST OFFICE BOX 301<br>MARATHON FL 33050 |   |  | DO NOT WRITE IN THIS SPACE   |                    |                                     |                                     |                 |
| US   |  |  |   |   |  | 3. Date Incorporated or Qualit   | fed                |                                     |                                     |                 |
|  |  |  |   |   |  | 03/02/1981   |                    |                                     |                                     |                 |
| 2. Principal P   | lace of Business   | 2a.  | Mailing Address   |   |  | 4. FEI Number  |                    | Ap                                  | olied For                           |                 |
| 21   |  | 26   |   |   |  | 59-2082737   |                    | No                                  | Applicable                          |                 |
| Suite, Apt.  | #, etc.  | 27   | Suite, Apt. #, etc.   |   |  | 5. Certifcate of Status Desired  | <b>:</b>           | <b>\$8.75</b> A Fee Re              | I                                   |                 |
| City & State   | e · - · · ·  |  | City & State  |   |  | 6. Election Campaign Financi   | no _               | \$5.00                              | May Be                              |                 |
| 23   |  | 28   | ,   |   |  | Trust Fund Contribution  | g 🗀                | Added t                             |                                     |                 |
| Zip  | Country  | <u> -</u>  | Zip   | Count   | у  | 8. This corporation owes the   | current vear Intai | naible                              |                                     |                 |
| 24   | 25   | 29   |   | 30  |  | Personal Property Tax.   | •                  |                                     | <b></b> No                          |                 |
|  | 9. Name and Address of   |  | tered Agent   | 100,  |  | 10. Name and Address of Ne   | w Registered A     | gent                                |                                     |                 |
|  |  |  |   | 8   | 1 Name   |  |                    |                                     |                                     |                 |
| JANI   | DA, PATRICIA   |  |   | -   | 0 0 1  | (D.O. Day N. Joshan in Nat. App.   | antable)           |                                     | .———                                |                 |
| 320  | 30TH STREET, OCEAN   |  |   | 8   | 2 Street And   | dress (P.O. Box Number is Not Acc  | eptable)           |                                     |                                     |                 |
| POS  | T OFFICE BOX 301   |  |   | 8   | 3  |  |                    |                                     |                                     |                 |
| MAR  | ATHON FL 33050   |  |   |   |  |  | <del> </del>       |                                     |                                     |                 |
|  |  |  |   | 8   | 4 City   |  | FL                 | 85 Zip C                            | Code                                |                 |
| l office or r  | registered agent, or both, in t  | the State of Florid  | ia. Such change was   | authorized D  | y the corporat   | poration submits this statement for tion's board of directors. I hereby ac | the purpose of c   | hanging its<br>ment as req          | egistered<br>istered                |                 |
|  | ım tamıllar with, and accept t   | the obligations of,  | Section 607.0505, F   | Iorida Statute  | es.  |  |                    |                                     |                                     |                 |
| agent. I a   | Signature, typed or printed name of re   |  | Section 607.0505, F   | onda Statute  | es.  | red when reinstating)  | DATE               |                                     |                                     | 3)              |
|  | Signature, typed or printed name of re   |  | Section 607.0505, F   | onda Statute  | es.  |  | DATE               | DIRECTO                             |                                     | (86/1           |
| SIGNATURE  | Signature, typed or printed name of re   | egistered agent and title i                                | Section 607.0505, F   | TE: Registered Ag   | ent signature requii   | red when reinstating)  | DATE               |                                     |                                     | (11/98)         |
| SIGNATURE  | Signature, typed or printed as me of re OFFIG  | egistered agent and title i                                | if applicable. (NO  | TE: Registered Ag   | ent signature requir   | red when reinstating)  | DATE               | DIRECTO                             |                                     | 34 (11/98)      |
| SIGNATUFE  12.  TITLE  | Signature, typed or printed as me of re OFFIG PD JANDA, JAMES J.   | agistered agen <sup>,</sup> and title i<br>CERS ANI ) DIRE | if applicable. (NO  | i E: Registered Ag  13.  1.1 TITLE  1.2 NAME  | ent signature requir   | red when reinstating)  | DATE               | DIRECTO                             |                                     | E034 (11/98)    |
| SIGNATUF:E  12.  TITLE  NAME  STREET ADDRESS   | PD JANDA, JAMES J. 320 30TH STREET,OCE   | agistered agen <sup>,</sup> and title i<br>CERS ANI ) DIRE | if applicable. (NO  | i E: Registered Ag  13.  1.1 TITLE  1.2 NAME  | ent signature requin   | red when reinstating)  | DATE               | DIRECTO                             |                                     | R2E034 (11/98)  |
| SIGNATURE  12. TITLE NAME  | PD JANDA, JAMES J. 320 30TH STREET, OCE MARATHON FL  | agistered agen <sup>,</sup> and title i<br>CERS ANI ) DIRE | if applicable. (NO  | 13. 1.1 TITLE 1.2 NAM   | ent signature requir   | red when reinstating)  | OFFICERS AND       | DIRECTO                             |                                     | CR2E034 (11/98) |
| SIGNATUF:E  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | Signature, typed or printed no me of re OFFIG  PD JANDA, JAMES J. 320 30TH STREET,OCE MARATHON FL SD                 | agistered agen <sup>,</sup> and title i<br>CERS ANI ) DIRE | Section 607.0505, F or applicable (NO CTORS                         | 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY  | ent signature requirement signature requirem | red when reinstating)  | OFFICERS AND       | DIRECTO                             | RS IN 12                            | CR2E034 (11/98) |
| SIGNATUF:E  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | Signature, typed or printed no me of re OFFIG  PD JANDA, JAMES J. 320 30TH STREET,OCE MARATHON FL SD JANDA, PATRICIA | egistered agen and title i<br>CERS ANI) DIRE               | Section 607.0505, F or applicable (NO CTORS                         | 1E. Registered Ag  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI  | ent signature requirement requirement signature requirement signature requirement signature requirement signat | red when reinstating)  | OFFICERS AND       | DIRECTO                             | RS IN 12                            | CR2E034 (11/98) |
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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 a little empowered.

SIGNATURE:

SIGNATURE AND TYPED ORY RINTED NAME OF SIGNING OFFI

FICEF OR DIRECTOR

ander

-24-99 ) 65-743 -Daytime Phone #

165-743-6904