

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F27207

(2)

1. Corporation Name  
JANASON, INC.

Principal Place of Business  
221 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32169-5239  
US

Mailing Address  
221 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32169-5239  
US

3. Date Incorporated or Qualified  
03/27/1981

3a. Date of Last Report  
04/08/1996

2. Principal Place of Business  
21 415 Canal Street

2a. Mailing Address  
26 415 Canal Street

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 New Smyrna Beach, FL

City & State  
28 New Smyrna Beach, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip Country  
24 32168 25 Volusia

Zip Country  
29 32168 30 Volusia

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, MARK R  
221 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
415 Canal Street

83

84 City New Smyrna Beach, FL FL 85 Zip Code 32168

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CUSIN, CRISTIANE  
STREET ADDRESS 1111 EAST AMELIA STREET  
CITY-ST-ZIP ORLANDO FL

TITLE V  
NAME GIANNANDREA, DARIO  
STREET ADDRESS 1441 CANORA ROAD  
CITY-ST-ZIP VILLE MT. ROYAL, QUE

TITLE VP  
NAME TRETTI, LELIO  
STREET ADDRESS 221 NORTH CAUSEWAY  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0024186

CR2E034 (9/96)