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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F89712

(6)

1. Corporation Name

JANRELL ENTERPRISES, INC.



Principal Place of Business 12444 BACCHUS ROAD PORT CHARLOTTE FL 33981	Mailing Address 12444 BACCHUS ROAD PORT CHARLOTTE FL 33981-1507
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3. Date Incorporated or Qualified 07/07/1982	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PDC NAME JOHNSON, RALPH T STREET ADDRESS 12444 BACCHUS ROAD CITY-ST-ZIP PT. CHARLOTTE FL <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE VSD NAME JOHNSON, JANIE L STREET ADDRESS 12444 BACCHUS ROAD CITY-ST-ZIP PT. CHARLOTTE FL <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE VD NAME JOHNSON, ELIZABETH L. STREET ADDRESS 12444 BACCHUS ROAD CITY-ST-ZIP PT. CHARLOTTE FL <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE VD NAME JOHNSON, JANELLE L. STREET ADDRESS 12444 BACCHUS ROAD CITY-ST-ZIP PT. CHARLOTTE FL <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE VD NAME MOORE, JACQUELINE A. STREET ADDRESS 12444 BACCHUS ROAD CITY-ST-ZIP PT. CHARLOTTE FL <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE VD NAME BLOIN, JULIE E. STREET ADDRESS 12444 BACCHUS ROAD CITY-ST-ZIP PORT CHARLOTTE FL <input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

VD BLOIN, JULIE E. 12444 Bacchus Road Port Charlotte, FL
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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 on an attachment with an address.

SIGNATURE:

  
SIGNATURE OF RALPH T. JOHNSON, IF SIGNING OFFICER OR DIRECTOR

March 20, 1997

(941) 697-0246

Date

Daytime Phone #

0408806

CR2E034 (9/96)