FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

F94000004197 (9)

1. Corporation Name JENJASCO, INC. Principal Place of Business Mailing Address 2211 CAREW TOWER 441 VINE ST. CINCINNATI OH 45202 CINCINNATI OH 45202								
CINCINNALI	On 45202	CINCINNATI ON	45202		3. Date Incorporated or Qualified 08/12/1994		f Last F 24/18	
	lace of Business	2a. Mailing Addres	SS .		4. FEI Number			Applied For
Scille, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additio		Not Applicable		
22	.,	27			5. Certificate of Status Desired		•	Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution			DO May Be ed to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability fo	r intangible tax ι	under s	199.032,
24	25 9. Name and Address of Curr	29 rent Registered Agent	30		Florida Statutes Ye 10. Name and Address of New		ent	
	g, Harrie and Address of Carr	Tent registered Agent	81	Name	ty. Name and Address of New	nogistered Ag	- III	
	DRATION INFORMATION SERVI	ICES, INC.	82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
	IAYS ST. Hassee FL 32301		83	ļ				
INCOM	TROOLE 1 L DEGOT				·	-		
			84	1 ' '				åp Code
familiar w SIGNATURE	Should not all a pay of the of registered as	gort and the if any ficable. AND DIRECTORS	(NOTE Registered Agr		ration submits this statement for the part of directors. I hereby accept the as an accept the accept	47 M		
TIFLE	PPD -	☐ DELET					Change	
NAME	HARRIS, JEFFREY P		1.2 NAME					
SUBELL ADDRESS	3512 AULTWOODS AVE. CINCINNATI OH 45208			T ADDRESS				
C-TY -ST- ZiP Till F	\$	DELĒT	1.4 CITY - E 2. 1 TITLE				Change	Addition
NAME	SCHACTER, STACEY J		2.2 NAME				•	_
STREET ADDRESS	7970 JASMINE TRAIL		2 3 STREE	T ADDRESS				
CI!Y-S'-ZIP	CINCINNATI OH 45241	E Delet	2 4 CITY-				Channa	- Addition
TITLE NAME		☐ DELET	E 3 1 TITLE 3 2 NAME			L ·	Change	☐ Addition
STREET ADDRESS			I	ET ADDRESS				
City-St-7P		<u></u>	3.4 CITY -	ST-ZIP				
TITLE		☐ DELEI	i i				Change	Addition
NAME STREET ADDRESS			4.2 NAME	T ADDRESS				
CHY ST-ZP			4.3 STREE					
TILE		☐ DELET					Change	☐ Addition
NAM!			5.2 NAME					
STREET ADORESS				T ADDRESS				
C-TY-ST-ZP		☐ DELET	5.4 CITY- E 6 1 TITLE				Change	☐ Add-tion
NAME			62 NAME			Ĺ.J.	Sinange	- 700000
STREET ADDRESS			1	I ADDRESS				
C_1Y+51+7-P			6 4 CITY-					
certify that	by certify that the information supplie at the information indicated on this ar t Lam an officer opdirector of the off in Block 12 or Blot 13 bystinges, o	enval#port or supplement	tal annual report is ti	ue and accura	for the exemption stated in Section 11 ate and that my signature shall have the is report as required by Chapter 607, I	e same legal effe	ect as	if made under

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

513-621-2666