SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004197 (9)

JENJASCO, INC.

Principal Place of Business

2211 CAREW TOWER

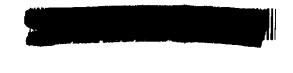
CINCINNATI OH 45202

441 VINE ST.

Mailing Address
2211 CAREW TOWER
441 VINE ST.

CINCINNATI OH 45202

FILED Sep 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

14/a2

| | | | | | | | | 3. Date Incorporated or Qualified 08/12/1994 | | | | |
|--|--------------------|--|----------------------------|-------------------------------------|----------------|-------|---|--|---------------------|--------------------|--|--|
| 2. Principal P | Place of Busin | Acc | 2a. Mailing A | Addrase | | | 4. FEI Number | | | | | |
| 21 | IBCO OF DOSHI | 633 | 26 | | | | 31-1406873 | | | t Applicable | | |
| Suite, Apt. | #. etc. | | Suite, Ap | t. #. etc. | | | | \$1 | | dditional | | |
| 22 | | | 27 | , | | | 5. Certificate of Status Desired | | Fee Re | | | |
| City & Stat | te | | City & St | ale | | | 6. Election Campaign Financing | \$ | 5.00 | May Be | | |
| 23 | | | 28 | | | | Trust Fund Contribution | , | | | | |
| Zip | | Country | Zip | Zip | | | 8. This corporation owes or has paid the cu | rrent y | | | | |
| 24 | | 25 | 29 | 30 | | | Personal Property Tax due June 30. | Personal Property Tax due June 30. Yes X No | | | | |
| | | and Address of Curre | | ent | | 1 | 10. Name and Address of New Registered | Agen | l | | | |
| CORPORATION INFORMATION SERVICES, INC. | | | | | | Name | | | | | | |
| 1201 | | | | 82 | | | | | | | | |
| TALL | FL 32301 | | | | | | | | | | | |
| | | | | | 83 | | | | | | | |
| | | | | | 84 | c | City | 85 | Zip C | ode | | |
| office or | registered ag | ions of sections 607,050 ent, or both, in the State th, and accept the colig | e of Florida. Such d | hange was au | thorized by | / the | amed corporation submits this statement for the purpose of cl e corporation's board of directors. I hereby accept the appo | nanging Intrien | its reg t as reg | istered istered | | |
| SIGNATURE | Stanature, typed o | or printed name of registered age | int and tile if applicable | (NOT | E Registerea A | gent | nt signature required when reinstating) DATE | | | | | |
| 12. | | OFFICERS At | ID DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | 10 DIF | ECTO | RS IN 12 | | |
| TITLE | PTD | | [| DELETE | 1.1 TITLE | | | C) | ange [| Addition | | |
| NAME | HARRIS, J | effrey p | | 4, | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 3512 AUL1 | TWOODS AVE. | | 1.3 ST | | | DRESS | | | | | |
| CITY-ST-ZIP | CINCINNA | TI OH 45208 | | | | -ZIP | > | | | | | |
| TITLE | S | | | DELETE | 2.1 TITLE | | | Cr Cr | ange [| Addition | | |
| NAME | | R, STACEY J | | | | | | | | | | |
| STREET ADDRESS | | AINE TRAIL | | 2.3 STREET | ADD | DRESS | | | , | | | |
| CITY-ST-ZIP | CINCINNA | TI OH 45241 | | ····· · · · · · · · · · · · · · · · | | -ŻIP | · | - | | <u> </u> | | |
| TITLE | | | <u></u> | DELETE | 3.1 TITLE | | | Ch | ange L | Addition | | |
| NAME | | | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 33 STREET | ADDI | ORESS | | | 1 | | |
| CITY-ST-ZIP | - · · · | | <u></u> | | 3.4 CITY-ST | -Zio | 1 | | <u>.</u> | | | |
| TITLE | | | Ĺ. | DELETE | 4.1 TITLE | | | Ch | ange L | Addition | | |
| NAME | | | | | 4.2 HAME | | | | | į | | |
| STREET ADDRESS | | | | | 4.3 STREET | | | | | | | |
| CITY-ST-ZIP | | | | | 4.4 CITY-S1- | -ZIP | , | | | | | |
| TITLE | | | L | DELETE | 5.1 TITLE | | 4000026539 | Ch | ange L 1t | Addition | | |
| NAME | | | | | 5.2 NAME | | . 10 /00 /00 01000 (| | f. | | | |
| STREET ADDRESS | | | | | | | ልውውመመርር ነው | ***550.00 | | | | |
| CITY-3T-ZIF | | | | | 5 4 CITY-ST- | -ZIP | <u> </u> | - | - - | | | |
| TITLE | | | Į | DELETE | 6 1 TITLE | | · · · · · · · · · · · · · · · · · · · | Ch. | ange L | ☐ Addition | | |
| NAME | | | | | 6.2 NAME | | | | |) v Nb | | |
| STREET ADDRESS | | | | | 6.3 STREET | |) | | | 10/1 | | |
| CITY-ST-ZIP | artifu (hal the i | oformation supplied with | this filing does not | qualify for the | 6.4 City-St- | | ated in section 119.07(3)(i), Florida Statutes. I further certify t | hal the | inform | ation | | |
| indicated o | in this annual. | report or supplemental | annual renorf is tru | e and accurat | e and that o | mv : | reginature shall have the same legal effect as if made under port as required by Chapter 607, Florida Statutes; and that | c oath: | that La | m ! | | |