

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

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

04-29-1999 90073 040 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006603**

1. Corporation Name  
**JANRA ENTERPRISES, INC.**



Principal Place of Business 5134 AUBURN BLVD SACRAMENTO CA 95841	Mailing Address 5134 AUBURN BLVD SACRAMENTO CA 95841
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>12/17/1996</b>	4. FEI Number <b>68-0114836</b>	Applied For <input type="checkbox"/> No 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALBRECHT, RALPH W. J**  
**2913 CORAL SHORES DR.**  
**FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRECHT, RALPH W. S	1.2 NAME	
STREET ADDRESS	5134 AUBURN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95841	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVALHO, STEVEN B.	2.2 NAME	
STREET ADDRESS	5134 AUBURN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95841	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JOHN	3.2 NAME	
STREET ADDRESS	5134 AUBURN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95841	3.4 CITY-ST-ZIP	
TITLE	CFO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President/Gen. Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARVALHO, STEVEN B	4.2 NAME	David Baitinger
STREET ADDRESS	5134 AUBURN BLVD	4.3 STREET ADDRESS	5134 Auburn Blvd.
CITY-ST-ZIP	SACRAMENTO CA 95841	4.4 CITY-ST-ZIP	Sacramento, CA 95841
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAITINGER, LINDA	5.2 NAME	Michael Lowen
STREET ADDRESS	5134 AUBURN BLVD	5.3 STREET ADDRESS	5134 Auburn Blvd.
CITY-ST-ZIP	SACRAMENTO CA 95841	5.4 CITY-ST-ZIP	Sacramento, CA 95841
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 letter like empowered.

SIGNATURE:  **David Baitinger** 4/21/99 (916) 332-3730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)