

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 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 12/17/1996	4. FEI Number 68-0114836	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		
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ALBRECHT, RALPH W. S	
STREET ADDRESS	5134 AUBURN BLVD.	
CITY-ST-ZIP	SACRAMENTO CA 95841	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CARVALHO, STEVEN B.	
STREET ADDRESS	5134 AUBURN BLVD	
CITY-ST-ZIP	SACRAMENTO CA 95841	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILSON, JOHN	
STREET ADDRESS	5134 AUBURN BLVD	
CITY-ST-ZIP	SACRAMENTO CA 95841	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	CARVALHO, STEVEN B	
STREET ADDRESS	5134 AUBURN BLVD	
CITY-ST-ZIP	SACRAMENTO CA 95841	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BAITINGER, LINDA	
STREET ADDRESS	5134 AUBURN BLVD	
CITY-ST-ZIP	SACRAMENTO CA 95841	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice President/Gen. Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Baitinger	
4.3 STREET ADDRESS	5134 Auburn Blvd.	
4.4 CITY-ST-ZIP	Sacramento, CA 95841	
5.1 TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Lowen	
5.3 STREET ADDRESS	5134 Auburn Blvd.	
5.4 CITY-ST-ZIP	Sacramento, CA 95841	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ DATE: **4/21/99** DAYTIME PHONE #: **(916) 332-3730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)