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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

F97000003778 (4)

JANTASTIC INC.

Principat	Place	of Bu	isinoss

1070 REGENT ST NISKAYUNA NY 12309 Mailing Address

1070 REGENT ST NISKAYUNA NY 12309

FILED May 28 1998 8:00am Secretary of State



	MULTINA HI 15009		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualified				
				07/21/1997			
	Place of Business FRANKUN ST.	2a. Mailing Address	SLAKE DR.	4. FEI Number	Applied For		
 			SUARC PF.	14-1790770	Not Applicable		
Suite, Apt.	113A	Suite, Apt. #, etc.	>	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	ENECTADY , NY	City & State 28 NAPLES	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip /23	05 Country USA	^{Zo} 34109	Country	8. This corporation owes or has paid the curr	- ' - '		
24 /23		. []	o USA		J Yes □ No		
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent PITTERO DOV C 81 Name							
nilibera, not 5			l Name	or Name			
2671 CITRUS LAKE DR, E-106			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34147 34109			83	P2			
			63		į		
			84 City	FL	85 Zip Code		
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 Frontal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
	m lamiliar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.				
SIGNATURE	Signature, typod or printed name of registered agent	and two if applicable (NOTE: F	Registered Agent signature req	ured when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE		Change Addition		
NAME	RITTBERG, ROY S		1.2 NAME		-		
STREET ADDRESS	1070 REGENT ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	NISKAYUNA NY		1.4 CITY-ST-ZIP	•			
TOLE	S T	☐ DELETE	2.1 TITLE		Change Addition		
NAME	RITTBERG, LAURAN E		2.2 NAME				
STREET ADDRESS	1070 REGENT ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	NISKAYUNA NY		2. 4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CHY-S1-ZIP				
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition		
NAME			4. 2 NAME		-		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE	""	Change Addition		
NAME			5.2 NAME	0000025403	70		
STREET ADDRESS			5.3 STREET ADDRESS	-05/29/930101900	\sim		
CITY-ST-ZIP	_		6.4 CiTY - ST - ZiP	***550.00	_\/		
TITLE		DELETE	6.1 TITLE		Change Addion		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		$\sim M$		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		~ \\\\		
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplience that no 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 attackment with an address.							