

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90009 017 \*\*\*550.00

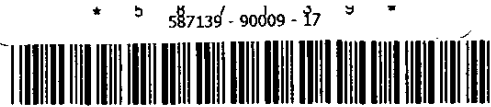
PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000006622**

1. Corporation Name  
**JANUS AMERICAN SERVICES CORP.**



Principal Place of Business      Mailing Address  
**2300 COPPORATE BLVD., NW, STE 232**      **2300 COPPORATE BLVD., NW, STE 232**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

3. Date Incorporated or Qualified  
**12/15/1997**

4. FEI Number      Applied For  
**65-0804551**       Not Applicable

5. Certificate of Status Desired       **\$8.75-Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property.       Yes       No

9. Name and Address of Current Registered Agent  
**SEPPY, VALERIE**  
**2300 CORPORATE BLVD., NW, STE 232**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
 81 Name **Glazer, Eric**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **2300 Corporate Blvd. NW # 232**  
 84 City **Boca Raton**      FL      85 Zip Code **33431**

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 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: *[Signature]*      DATE: **7/7/99**

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>BISHOP, JAMES E</b>
STREET ADDRESS	<b>2300 CORPORATE BLVD, NW., STE 232</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>NANOSKY, MICHAEL M</b>
STREET ADDRESS	<b>2300 CORPORATE BLVD, NW., STE 232</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>SEPPY, VALERIE</b>
STREET ADDRESS	<b>2300 CORPORATE BLVD, NW., STE 232</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Treasurer</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sec.</b>
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Glazer, Eric</b>
4.3 STREET ADDRESS	<b>2300 Corporate Blvd. NW #232</b>
4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

SIGNATURE: *[Signature]*      DATE: **7/7/99**      561-997-2325

CRZE034 (5/99)