FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

G76271

(7)

DOCUMENT # 1. Corporation Name AL-JAN'S, INC.

the second of	F34		
Principal	Place (DI BU	Jsiness

Mailing Address



% JANICE E 7620 9TH AV BRADENTON	/E DR NW I FL 34209	% Janice E. Brown 7620 9th ave Dr Ny Bradenton FL 3420	V	3. Date Incorporated or Qualified 12/28/1983	3a. Date of Last Report 03/02/1995
2. Principal Pla	ace of Business どんでひ アレ 342/0	2a. Mailing Address	CORTEZ B	4. FEI Number	Applied For
Suite, Apt.		26 6 5 5 6 Suite, Apt. #, etc.	LOMELY	Dec 59-2350430	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	J== 1.	6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country		NFL 3421		Added to Fees
24	25 Country	29 3 421 0	Country 30 MANA1	8. This corporation has liability fo	r intangible tax under s 199.032,
	9. Name and Address of Curre		30 77777011 (Florida Statutes Ye 10. Name and Address of New	S No
			81 Name		Tiogratered Agent
	, JANICE E.		B2 Street A	Address (P.O. Box Number is Not Accepta	(Ma)
	H AVE DR NW		L. Chock	ACCEPTA	:010)
BRADEN	ITON FL 33529		83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607 0500	and 607 1500 Florida Otal			FL
or registere familiar with	ed agent, or both, in the State of Floring, and accept the obligations of, Sect	da. Such change was authorization 607.0505, Florida Statutes	es, the above-hamed con ed by the corporation's b	rporation submits this statement for the pu coard of directors. I hereby accept the app	Propose of changing its registered office pointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent		TE: Registered Agent signature rec	a week when rejectations	
2.	OFFICERS AN		13.		DATE FICERS AND DIRECTORS IN 12
ILE	P	☐ DELETE	1. † TITLE		Change Addition
AME	BROWN, JANICE E.		1.2 NAME		
THEE! ADDRESS	7620 9TH AVE DR NW		1.3 STREET ADDRESS		
1Y-\$1-ZiP	BRADENTON FL		1.4 CITY - ST - ZIP		
ILF		DELETE	2 1 TITLE		Change Addition
AME			22 NAME		
TREET ADDRESS			23 STREET ADDRESS		
TY-ST-ZIP		L J DELETE	2.4 CITY-ST-ZIP		
AME		☐ DĒLĒTE	3. 1 TITLE		☐ Change ☐ Addition
TREET ADDRESS			3 2 NAME		
TY-ST-ZIP			3.3 STREET ADDRESS		
LE .		☐ DELETE	3.4 CITY-ST-ZIP		
ME.		C waste	4.2 NAME		☐ Change ☐ Addition
REET ADDRESS			4.3 STREET ADDRESS		
TY-ST-ZIP			4.4 CITY-ST-ZIP		
LE		DELETE	5.1 TITLE		☐ Change ☐ Addition
.ME		-	5.2 NAME		Fil evening Fil vocation
REET ADDRESS			5.3 STREET ADDRESS		
TY-ST-ZIP			5.4 CITY-ST-ZIP		
LE		☐ DELETE	6. 1 TITLE		Change Addition
ME			6.2 NAME		
HEET ADDRESS			63 STREET ADDRESS		
Y-ST-ZIP			6 4 CITY - ST - ZIP		
	certify that the information supplied when information indicated on this annual am an officer or director of the comon		shed and does not qualify all report is true and accurate	y for the exemption stated in Section 119. grate and that my signature shall have the	07(3)(k), Florida Statutes. I further same logal 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 3 if changed, or on an attachment with an address.

SIGNATURE:

STATURE AND TYPED OR PRINTED NAME OF SIGNME

4-26-96 941-7945150 Date Daysine Priorie