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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

H04452

(9)

JANE'S REALTY, INC.

Principal Place of Business

Mailing Address

12543A SPRING HILL DR. SPRING HILL FL 34609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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12543A SPRING HILL DR. SPRING HILL FL 34609

2a. Maling Address

City & State

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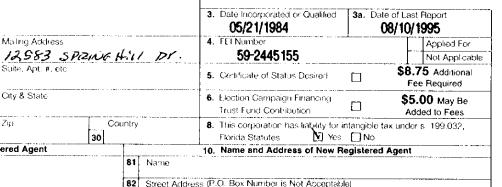
Suite, Apt. #, etc

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JUREWICZ, MARGARET JANE 12543A SPRING HILL DR SPRING HILL FL 34609

12583 SPRING HILL

Country

9. Name and Address of Current Registered Agent

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[84	Oity	85	Zip Code
[FLI		· '
s, the abov	e∩	lamed corporation submits this statement for the purpose of chang	ina	its registered office.
is, the abov	e n	amed corporation submits this statement for the purpose of chang	jing	its registered office

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statute or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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Name

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SIGNATURE Signature, bused or persed name of rejoined a jest and tire it assertable thiOTL. Reposted Agent sopic are reported when recistative. Out-							
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELE1E	1 CHILE	☐ Change ☐ Addition			
NAME	JUREWICZ, MARGARET JANE		1.2 NAME				
STREET ADDRESS	12543A SPRING HILL DR.		1.3 STREET ADDRESS				
CITY - ST - ZIP	SPRING HILL FL		1.4 CHY+ST-ZIF				
TITLE		□ DELETE	2 1 TIFLE	☐ Change ☐ Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADORESS				
CITY - ST - ZIP			2.4 C(1) Y - S1 - Z(P				
TITLE		DELETE	3 1 THUE	Change Addition			
NAME			3.2 NAME				
STREET ADURESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY - ST ZIP				
TRILE		DELETE	4 1 TIFLE	Criange Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CHY+S1+ZIP				
TITLE		DELF16	5 1 TITLE	☐ Change ☐ Add tion			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	:			
DITY-ST-ZIP			5.4 CITY-ST-ZIP				
Title		DELETE	6 1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			€ 4 C+TY - ST - Z+P				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119,07(3)(k). 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.

April 23,1916 332-683-6506