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 # H40518

(3)

FILED May 12 1998 8:00am Secretary of State

JANUS	CAREER SERVICE, INC.						
Principal Plac	ce of Business	Mailing Address				AL HEN OHN OH	
157 E, NEW ENGLAND AVE SUITE 240 WINTER PARK FL 32789 US		157 E. NEW ENGLAND AVE Suite 240 Winter Park Fl 32789 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
A D	0)				01/31/1985		
	2. Principal Place of Business 2a. Mailing Add		ress		4. FEI Number		pplied For
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		59-2615124		ot Applicable Additional
22		27			5. Certificate of Status Desired	4	equired
City & Sta	le	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zφ	Count	у	8. This corporation owes or has paid the c		
24	25	29	30		Personal Property Tax due June 30.	Yes [No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registere	d Agent	
	ACH, JANICE F		8	1 Name			
	89 WHITEHALL CIRCLE		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
j Wi	INTER PARK FL 32789		8:	<u> </u>		 -	
<u> </u>			Ľ	' l		_	
			8	4 City	F	85 Zip	Code
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of the state				rporation submits this statement for the purpose ation's board of directors. I hereby accept the applied when renasting) DATE	opointment as	registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PVT	DELETE	1,1 Trile			Change	Addition
NAME	LEACH, JANICE F						ļ,
STREET ADDRESS	MALTER DARK EL		1.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP	WINTER PARK FL			ST-ZIP		- I Obsess	T Applica
TITLE	SD LEACH, JANICE F	[_] Office	2.1 TITLE			[] Change	Addition !
NAME STREET ADDRESS	A		2.2 NAME	T ADDRESS			1
CITY-ST-ZIP	WINTER PARK FL		2.3 STREE				
TITLE	VP	DELETE 31		-31-71		Change	Addition
NAME	SOTO, VICTOR	3.2 N				•	
STREET ADDRESS	1619 MYRTE ST	RTE ST 335		1 ADDRESS			
CITY-ST-ZIP	ORLANDO FL			- S1 - ZIP			
TITLE		DELETE 4.1 T				Change	Addition
NAME			4. 2 NAM	i i			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		The state of the s		ST-ZIP		Change	Addition
NAME	and the contract of the contra		5.1 TITLE 5.2 NAME			- Criange	☐ Vaniooli
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.3 SINCE	- 1			
TITLE			6.1 TiTLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	}		6.3 STREE	T ADDRESS			}
CITY-ST-ZIP			6.4 CITY-	- 1			
14 bereby	certify that the information supplied w	ith this bling does not qualify t			Section 119 07(3)(i) Florida Statutes I further	certify that the	information

Indicated on this annual report or supplied will also here decided an analysis of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal offect 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.

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