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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H40518 1. Corporation Name

JANUS CAREER SERVICE, INC.

Principal Place of Business Mailing Address					I 10011011 6111 01011 61101 01101 11100 1111 01011 01011 01011 01011 01011 01011 01011 01011	
157 E. NEW ENGLAND AVE		157 E. NEW ENGLAND AVE				
SUITE 240		SUITE 240				
WINTER PARK FL 32789		WINTER PARK FL 32789			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualifed 01/31/1985	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2615124 Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additiona	' }
22		27			ree Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	0	28 Tip	Countr			
Zip			Country 30		8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curre		30		10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Registered Agent	8	Name	10. (44)10 2110 4441000 07 1101 1102	
LEAG	CH, JANICE F		L			
2469 WHITEHALL CIRCLE			8:	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
_	FER PARK FL 32789		8:	3		
			Ľ			
			8-	4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo	ve-named co	orporation submits this statement for the purpose of changing its registered	ed
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	ithorized b	y tne corpora	ation's board of directors. I hereby accept the appointment as registered	Ì
- 5	m laminar min, and decept me cong					- 1
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Ag	ent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PVT	☐ D€LETE	1.1 TITLE		☐ Change ☐ Adi	illion
NAME	LEACH, JANICE F		1.2 NAME		·	
STREET ADDRESS	2469 WHITEHALL CIRCLE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		14 CITY-		☐ Change ☐ Ad	dition
TITLE	SD	☐ DELETÉ	2.1 TITLE		Change Ad	1111011
NAME	LEACH, JANICE F		2.2 NAME			
STREET ADDRESS	2469 WHITEHALL CIRCLE		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY		DOLLAR DA	dition
TITLE	VP	☐ DELETE	3.1 TITLE	1	☐ Change ☐ Add	JICION
NAME	SOTO, VICTOR		3.2 NAME	1		-
STREET ADDRESS			33 STRE	ET ADDRESS		l
CITY-ST-ZIP	ORLANDO FL		3 4. CITY		☐ Change ☐ Ad	dition
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NAME				j		Ì
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP		□ DELETE	5.4 CITY- 6.1 TITLE		☐ Change ☐ Ad	dition
TITLE		☐ DELETE	6.2 NAME		_ Sharige	-~~
NAME			0.∠ NAME	-		
1				ET ADDRESS		- 1

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90111 032 ***150.00