FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:28

DOCUMENT # H96041 (9)

1. Corporation Name
JANJAN AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% THE CHINA JADE RESTAURANT 2513 U.S. 19 SOUTH HOLIDAY FL 34691	% THE CHINA JADE RESTAURANT 2513 U.S. 19 SOUTH HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1986	3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-2634162	☐ Applied For ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 2819 US 19	26 2819 US 19
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOLIDAY. FL	City & State 28 HOLIDAY. FL
Zip 24 34691 / Country 25 USA	Zip 29 34691 / Country 30 USA.

9. Name and Address of Current Registered Agent

KAREL, JOHN A.
2835 U.S. 19
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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] (NOTE: Registered Agent signature required when reinstating) DATE 2-13-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAM, JAN-JAN
STREET ADDRESS	2513 US 19 SOUTH
CITY-ST-ZIP	HOLIDAY FL
TITLE	VD
NAME	CHOU, CHIN-TIN
STREET ADDRESS	2513 US 19 SOUTH
CITY-ST-ZIP	HOLIDAY FL
TITLE	SD
NAME	LAM, WING-HAY
STREET ADDRESS	2513 US 19 SOUTH
CITY-ST-ZIP	HOLIDAY FL
TITLE	TD
NAME	CHOU, FEI-FEI
STREET ADDRESS	2513 US 19 SOUTH
CITY-ST-ZIP	HOLIDAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	LAM, JAN-JAN	
1.3 STREET ADDRESS	2819 US 19	
1.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
2.1 TITLE	VP	☑ Change ☐ Addition
2.2 NAME	CHOU, ~~TTT~~ CHIN-TIN	
2.3 STREET ADDRESS	2819 US 19	
2.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
3.1 TITLE	SD	☑ Change ☐ Addition
3.2 NAME	LAM, WING-HAY	
3.3 STREET ADDRESS	2819 US 19	
3.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
4.1 TITLE	TD	☑ Change ☐ Addition
4.2 NAME	CHOU, FEI-FEI	
4.3 STREET ADDRESS	2819 US 19	
4.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/14 Date (813) 934-9035 Daytime Phone #

0373060 CP