## 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 # H96041

(9)

JANJAN AND ASSOCIATES, INC.

**FILED** Feb 23 1998 8:00am Secretary of State



Findipal Flace of Business										
2819 US 19 HOLIDAY FL 34691 US			2819 US 19 HOLIDAY FL 34691 US				DO NOT WRITE	IN THIS S	PACE	
		00					3. Date Incorporated or Qualified			
							01/28/1986			
Place of Busine	2a, Ma	2a. Mailing Address				4. FEI Number		<u>-</u>	Applied For	
21			26				59-2634162		<u> </u>	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				E Cortificate of Status Desired		\$8.7	Additional
22			27			5. Certificate of Status Desired		Fee	Required	
City & State			City & State			6. Election Campaign Financing				
Zip Country			28			Trust Fund Contribution Added to Fees				
	·	— — ·	)	<del></del>			This corporation owes or has pa	id the cu <u>rr</u>	ent year	Intangible
				30						□ No
		Jurrent Registere	a Agent		01 .		10. Name and Address of New Re	gistered A	gent	
					ין יי	iame				i
			82 Street A			treet Add	Iress (P.O. Box Number is Not Acceptat	le)		
ULIDAY FL 3	4691			<u> </u>						
				['	83					
					84 C	itv			85 Zi	p Code
										·
to the provision	ons of Sections 60 ant, or both, in the	07.0502 and 607.1 State of Florida 5	508, Florida <b>Sta</b> tu Nich change was	ites, the abo	ove-na	amed corp	poration submits this statement for the p	urpose of	changing	its registered
am femiliar with	n, and accept the	obligations of, Se	ction 607.0505, F	lorida Statu	ites.	oorpora	mone board of directors. Thereby accep	it the appo	manent a	as registered
Signature, typed o			· · · · · · · · · · · · · · · · · · ·		Agent si	gnature requi	<del></del>	DATE		
- an	OFFICER	RS AND DIRECTO			-		ADDITIONS/CHANGES TO OFFIC			
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				2.3 STR	EET ADD	RESS				
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	16 11417		☐ DELETE	3.1 TITL	E			Ĺ	Change	Addition
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	FL			3.4. CIT	Y - ST - ZI	P				
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				4.3 STRE	EET ADDI	RESS				
HOLIDAY	FL			4.4 CITY	-ST-ZIF					
			DELETE	5.1 TITU	E				Change	Addition
				5.2 NAM	IE.					
				5.3 STAE	EET ADDA	RESS				
				5.4 CITY	- ST - ZIP	. ]				
<u>-</u>			DELETE	6.1 TITLE	E				Change	☐ Addition
				6.2 NAM	E			_	-	ŀ
						ess				
	Place of Busine #, etc.  #, etc.  B. Name a  AREL, JOHN 35 U.S. 19  OLIDAY FL 3  To the provision registered age am familiar with standard familiar with standar	Place of Business  #, etc.  December 25  Place of Business  #, etc.  Country  25  Place of Business  Country  25  Place of Business  Country  25  Place of Business  Recurrence  Place of Business  AREL, JOHN A.  25  LAM, JOHN A.  Signification of Sections 66  Registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with, and accept the operation of registered agent, or both, in the arm familiar with a section of registered agent, or	Place of Business  Place of Business  #, etc.  Country  26  Country  27  25  P. Name and Address of Current Registere  AREL, JOHN A.  35 U.S. 19  DUIDAY FL 34691  To the provisions of Sections 607 0502 and 607.1 registered agent, or both, in the State of Florida. Sam familiar with, and accept the obligations of, Se  Signature, typed or printed name of registered agent and title ill appropriate to the provisions of Sections 607.0502 and 607.1 registered agent, or both, in the State of Florida. Sam familiar with, and accept the obligations of, Se  Signature, typed or printed name of registered agent and title ill appropriate. The CHOU, CHIN-TIN 2819 US 19  HOLIDAY FL  VD  CHOU, CHIN-TIN 2819 US 19  HOLIDAY FL  TD  CHOU, FEI-FEI 2819 US 19	Place of Business  28. Mailing Address  26.  #, etc.  Suite, Apt. #, etc.  27.  Le Country  25.  28. Name and Address of Current Registered Agent  AREL, JOHN A.  135 U.S. 19  DLIDAY FL 34691  Lot the provisions of Sections 607.0502 and 607.1508, Florida Staturegistered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, Section 607.0505, F  Signature, typed or printed name of registered agent and title if applicable (NO OFFICERS AND DIRECTORS)  PD  LAM, JAN-JAN  2819 US 19  HOLIDAY FL  VO  CHOU, CHIN-TIN  2819 US 19  HOLIDAY FL  SD  LAM, WING-HAY  2819 US 19  HOLIDAY FL  DELETE  CHOU, FEI-FEI  2819 US 19  HOLIDAY FL  DELETE  DELETE	Place of Business  2a. Mailing Address 2b. Mailing Address 2c. W, etc. 27  Ite  Country 25  28  Country 25  29  30  Courrent Registered Agent  AREL, JOHN A. 335 U.S. 19  DLIDAY FL 34691  To the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the abrequistered agent, or both, in the State of Florida Such change was authorized am femiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the abrequistered agent, or both, in the State of Florida Such change was authorized am femiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the abrequistered agent and title if applicable  OFFICERS AND DIRECTORS  PD  OFFICERS AND DIRECTORS  13.  PD  LAM, JAN-JAN 2819 US 19  HOLIDAY FL  VD  DELETE  1.1 TITL  LAM, WING-HAY 2819 US 19  HOLIDAY FL  SD  DELETE  2.1 TITL  CHOU, FEI-FEI 2819 US 19  HOLIDAY FL  3.3 STR  DELETE  3.1 TITL  5.2 NAW 5.3 STRI  DELETE  5.1 TITL  5.2 NAW 5.3 STRI  DELETE  6.1 TITL  5.2 NAW 6.3 STRI  DELETE  6.1 TITL  5.3 NAM 6.3 STRI  DELETE  6.1 TITL  6.3 NAM 6.3 STRI  DELETE  6.3 TITL  6.3 NAM 6.3 STRI  DELETE  7.1 TITL  7.2 NAM 7.3 NAM 7.	Place of Business  2a. Mailing Address 2a. Mailing Address 2a. Suite, Apt. W, etc. 27  le Country Zip Country 28  Country Zip Country 28  Country Zip Country 28  Country Zip Country 28  Place of State 28  Country Zip Country 28  Country Zip Country 28  DIJDAY FL 34891  83  84 C  10 the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above ne registered agent, or both, in the State of Florida Such change was authorized by the am terniliar with, and accept the obligations of, Section 607 0505, Florida Statutes.  Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent as the terniliar with, and accept the obligations of, Section 607 0505, Florida Statutes.  Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent as 1.1 Title 1.2 NAME 1.3 STREET ADD 1.3 STREET ADD 1.4 CRY-ST-ZI TITLE 2.4 NAME 2.3 STREET ADD 1.4 CRY-ST-ZI TITLE 2.4 NAME 3.3 STREET ADD 1.4 CRY-ST-ZI TITLE 2.4 NAME 3.3 STREET ADD 1.4 CRY-ST-ZI TITLE 2.4 NAME 5.3 STREET ADD 1.4 CRY-ST-ZI TITLE 5.2 NAME 5.3 STREET ADD 6.4 CRY-ST-ZI TITLE 5.2 NAME 6.3 STREET ADD 6.4 CRY-ST-ZI TITLE 5	Place of Business  2a. Mailing Address 2b. W, etc.  27  28  Country 28  Name and Address of Current Registered Agent  REL, JOHN A.  35 U.S. 19  DLIDAY FL 34691  83  City  To the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named correspistered agent, or both, in the State of Florida Such change was authorized by the corpora am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  Stydiure typed or printed name of registered agent and title il applicable  OFFICERS AND DIRECTORS  TO DELETE 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-2IP  VD DELETE 2.1 TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-2IP  TO DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2IP  TO DELETE 3.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-2IP  TO DELETE 3.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-2IP  TO DELETE 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2IP 4.3 STREET ADDRESS 5.4 CITY-ST-2IP 4.3 STREET ADDRESS 5.4 CITY-ST-2IP 5.5 NAME 5.5 STREET ADDRESS 5.5 CITY-ST-2IP 5.5 NAME 5.5 NA	2819 US 19   HOLDAY FL 34691   BO NOT WRITE	2819 US 19 #OLIDAY FL 34691  281 DO NOT WRITE IN THIS S 3. Date incorporated or Qualified 01/28/1986  4. FEI Number 59-2834 162  59-2834 162  59-2834 162  59-2834 162  59-2834 162  6. Election Campaign Financing Trust Fund Contribution  27 D Country 25 D Country 27 D Country 28 D Retained and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name and Address of New Registered 10. Name and Address of New	2919 US 16   NOUDAY FL 34691   DO NOT WRITE IN THIS SPACE   3. Date incorporated or Qualified   O1/28/1586   4. FER Number   26   Sp264162   5. Sp264162

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.

24,100