FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # K62967 1. Corporation Name JAAN HANAGENENT Co., INC. Mairing Address Principal Place of Business P.O. BOX 3498 POMPANO BEACH FL 3. Date Incorporated or Qualified 3a. Date of Last Report 33072 1995 1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0100885 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Country Zψ Yes No 30 Florida Statutes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JANICE STEINBERG 82 Street Address (P.O. Box Number is Not Acceptable) SE IST COURT #3 83 84 City Zip Code 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 bold, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am fair with, and accept the obligations of, Section 607.0505, Florida Statutes. ANKE STEINDERG PRESIDENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTORS Change Addition DELETE JANICE STEINGERG CR2E034 NAME 2795 SE 15 CT. 43 13 STREET ADDRESS STREET ADDRESS 33062 POMPANO BEACH FE 14 CHY - \$1 - 7(P) CHY-ST-ZIP ☐ Change Addition DELETE 2 111116 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIF CITY-ST-ZIP ☐ Change ☐ Addition DELF 1E 3 1 THEE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 OCY - S1-7P CITY-SI-ZIF **구마마마마 1 구구석 구별 대**에요 -04/10/96--01010--013 DELETE 4 1 TiTLE TITLE 4.2 NAME NAME ***200.00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHIY - 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 proof or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparation 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 of Block 13 if changes of an arrestractment with an address.

5 1 THUE

5.2 NAME 5.3 STREET ADDRESS

6 111116

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURES

21

22

23

24

12.

TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DE

DELE 1E

DELETE

> JANICE STEINBERD 3/21/96 (954)946-7119

☐ Change

[] Change

Addition