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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90015 007 ***150.00

DOCUMENT # K96817 1. Corporation Name

JANASHPA ENTERPRISES, INC.

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Principal Place	e of Business	Mailing Address			- I SMALESII AIA IAILE ALLAR INIAL LIERI (VEN ASOL)	61811 81811 81811 81811 81811 188
,		C/O MCDONALDS RE	CTALIDANT			
C/O MCDONALDS RESTAURANT 1810 SO. FEDERAL HWY BOYNTON BCH. FL 33435		1810 SO, FEDERAL H			'	
		BOYNTON BCH. FL 33435			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					06/30/1989	Applied For
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0126715	Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		· ·	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Ir	ntangible
24	25	29	30		Personal Property Tax.	X Yes □ No
24	9. Name and Address of Curre		1501	T -	10. Name and Address of New Registered	i Agent
	3. Maille and Address of Curre	in rodiateien wheilt		81 Name		-
RAFI	FA, PAUL G.					
	SO. FEDERAL HWY			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
						
	MCDONALD'S RESTAURANT			83	•	
BOY	NTON BCH. FL 33435			84 City		85 Zip Code
				O4 City	FI	L 13 2.p 0000
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change w	vas authorized	a by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f.changing its registered intment as registered
SIGNATURE						
	Signature, typed or printed name of registered ago			Agent signature require		NO DIDECTORS IN 42
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addit
TITLE	PDS	☐ DELET	E 1.1 π	TLE	•	
				I		C
NAME	RAFFA, PAUL G.		1.2 N	AME		
NAME STREET ADDRESS	KAFFA, PAUL G. 1810 S FED HWY			AME TREET ADDRESS		
STREET ADDRESS	1810 S FED HWY		1.3 \$	1		
STREET ADDRESS	1810 S FED HWY BOYNTON 8CH. FL	. DELET	1.3 S	TREET ADDRESS		☐ Change ☐ Addit
STREET ADDRESS CITY-ST-ZIP TITLE	1810 S FED HWY BOYNTON BCH. FL VPD	_ DELET	1.3 ST 1.4 G	TREET ADDRESS (TY-ST-ZIP) TLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	1810 S FED HWY BOYNTON BCH. FL VPD RAFFA, JANIS WARE	☐ DELET	1.3 S ⁻ 1.4 Ci E 2.1 Ti 2.2 Ne	TREET ADDRESS (TY-ST-ZIP TILE AME		
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indicated on this annual report or supplied with his limit does not qualify for the exemption stated in Section 118.07(3)(i), Fronce Statutes. I further certify 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.

SIGNATURE: