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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 03 1997 8:00am Secretary of State

DOCUMENT # LO3024 1. Corporation Name JANUS BUILDING CORPORATION Principal Place of Business Mailing Address								
Principal Prace of Business 125 SOUTH SWOOPE AVE SUITE 105 MAITLAND FL 32751		125 SOUTH SWOOPE AVE SUITE 106						
		MAITLAND FL 32751-5784		3. Date Incorporated or Qualified 07/13/1989	, ,			
~~ ₁	lace of Business	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt #, etc			Suite, Apt. #, etc.		59-2958764	S8 75 Addition		t Applicable
2		27			Certificate of Status Desired		Fee Re	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip	Country	/	8. This corporation has liability to	or intangible		
1	[25]	29	30		Florida Statutes	Yes [] No	
	9. Name and Address of C	urrent Registered Agent	B1	Name	10. Name and Address of New I	registered A	(gent	
EVANS, DAVID L. 225 EAST ROBINSON ST. SUITE 600 ORLANDO FL 32801			82		dress (P.O. Box Number is Not Acceptable)			
		7 0502 and 607 1508. Florida State	84	1	rocration submits this statement for the	FL		Code s registered
SIGNATURE	Signature, typed or proded name of register	red agree and tile if applicable (NC			poration submits this statement for the ation's board of directors. I hereby accurred when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
ile I	OFFICERS AND DIRECTORS DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OF	TOERS AND	Change	Addition
AME	BATTEN, JAMES O., JR.		1.2 NAME	1				
RECT ADDRESS	125 S SWOOPE AVE STE	105	1.3 STREE	r address				
11Y - S1 - 7IP	MAITLAND FL	DELETE	1.4 CITY-	ST-ZIP			100	11.522
ITLF AME	☐ DELETE		2.1 TITLE 2.2 NAME		•		Change	Addition
REET ADDRESS				T ADDRESS				
ITY-ST-ZIP			2 4 City-	i				
ItE	DELETE		3.1 TITLE				Change	Addition
AN E			32 NAME	(
IREEL ADDRESS				T ADDRESS				
(TY+\$1-7)() (ULF		DELETE	3.4 CITY- 4.1 TITLE	S1-ZIP			Change	Addition
AME		المام	4. 2 NAME	1				
TREET ADDRESS				T ADDRESS				
TY S1-72			4.4 CITY -	ST-ZIP				
T.E		DELETE	51 TITLE				Change	Addition
AMF	ı		52 NAME					
treet address				T ADDRESS				1
-TY - \$1 - ZiF		DELETE	5.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
HLE AME		ויין אבינונ	6.1 TITLE 6.2 NAME	}			FT CHRUTE	L. Addition
BREET ADDRESS				T ADDRESS				
GO MINION 1 2 mi	ı		6.4 CITY -	1				
7Y-\$1 7#								

I do 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 Lam 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 chapter, or on an attachment with an address.

SIGNATURE: 4

REQUIRED SCHOOL OFFICER OF DIRECTOR

March 31, 1997 Date

407-644-6889

Daytime Phone #