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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # [REDACTED] M86951

JAN-MAR INC.

Principal Place of Business

Mailbox Address

7533 S.W. 37th
DAVIE, FL 33314

7533 S.W. 37th
DAVIE, FL 33314

Principal Place of Business

2a. Mailing Address

City, Apt. #, etc.

2b. City, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRED FEINSTEIN
909 N. South Lake Drive
Hollywood, FL 33019

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with the provisions of Section 607.0505, Florida Statutes, and I hereby accept the appointment as registered agent of the corporation.

SIGNATURE

Signature

Signature of registered agent and title of agent, if applicable

(Not for Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	AL CARESTIO	☐ DELETE
2. STREET ADDRESS	7533 S.W. 37th	
3. CITY-STATE-ZIP	DAVIE, FL 33314	
4. TITLE	Vice Pres.	☐ DELETE
5. NAME	ANTHONY CARESTIO	
6. STREET ADDRESS	7533 S.W. 37th	
7. CITY-STATE-ZIP	DAVIE, FL 33314	
8. TITLE	SEC-TREASURER	☐ DELETE
9. NAME	LYDIA CARESTIO	
10. STREET ADDRESS	7533 S.W. 37th	
11. CITY-STATE-ZIP	DAVIE, FL 33314	
12. TITLE		☐ DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY-STATE-ZIP		
16. TITLE		☐ DELETE
17. NAME		
18. STREET ADDRESS		
19. CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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***165.00

14. 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 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: AL CARESTIO, President 5/1/97 4529420

CR2E034 (9/96)