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Apr 10 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 # M96370 (5)

1. Corporation Name  
JANOFKY & ASSOCIATES, INC.



Principal Place of Business  
1220 BISCAYNE BLVD.  
SECOND FLOOR  
MIAMI FL 33132  
US

Mailing Address  
77 HARBOR DRIVE  
SUITE 304  
KEY BISCAYNE FL 33149-1411  
US

3. Date Incorporated or Qualified  
08/29/1988

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business 21 150 Ocean Lane Dr. Suite, Apt. #, etc. 22 # 5A City & State 23 Key Biscayne, FL Zip 24 33149	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	4. FEI Number 65-0068909	Applied For Not Applicable	5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
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9. Name and Address of Current Registered Agent

JANOFKY, JUDITH A.  
150 OCEAN LANE DRIVE  
APARTMENT 5A  
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. 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 both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	JANOFKY, JUDITH A.	
STREET ADDRESS	150 OCEAN LN DR., APT#5A	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	D	DELETE
NAME	MICHAELMAN, THOMAS J. JR	
STREET ADDRESS	6917 ALTAMIRA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	STECK, RICHARD C III	
STREET ADDRESS	150 OCEAN LANE DRIVE #5A	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

*Judith A. Janofsky* 4/4/97 365-0290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)