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Jun 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **E1 JANEZ Human Resource + EDUCATIONAL CENTER INC**  
1. Corporation Name  
N 95 0000 05977

Principal Place of Business Mailing Address  
**701 NW 18th AVE - Bldg B**  
**FT. LAUDERDALE Fla 33311**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

FEI # **65-0759758**

3. Date incorporated or Qualified **12/20/95** 3a. Date of Last Report **5/1/96**  
4. FEI Number **N 95 0000 05977** 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

9. Name and Address of Current Registered Agent  
**Janet Y. Anderson**  
**7320 NW 85th Ct Bldg 8203**  
**TAMPA FL 33321**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Dr Janet Anderson **Resident** **4/8/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **DP**  DELETE  
NAME **JANET Y. Anderson**  
STREET ADDRESS **7320 NW 85th Ct Bldg 8203**  
CITY-ST-ZIP **TAMPA FL 33321**

TITLE **OV**  DELETE  
NAME **BARBARA BAYNE**  
STREET ADDRESS **701 NW 18th AVE**  
CITY-ST-ZIP **FL LAUDERDALE**

TITLE  DELETE  
NAME **Jerry Bloom**  
STREET ADDRESS **7320**

TITLE  DELETE  
NAME **Richard Stephenson**  
STREET ADDRESS **2611 66th St SW**  
CITY-ST-ZIP **ANAPLES FL 33994**

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 **Jerry Bloom**  
1.3 STREET ADDRESS **7320 NW 85th Ct 8203**  
1.4 CITY-ST-ZIP **TAMPA FL 33321**

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 **Delete**  
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

**800002218738**  
**-06/20/97--01088--032**  
**\*\*\*61.25**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dr Janet Anderson **Resident** **4/8/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JANET Anderson** **954 722 3160**

CR2E037 (9/96)