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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandrá B. Wortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500005977 (2)

EL-JANEZ HUMAN RESOURCE AND EDUCATION CENTER, IN C.

Principal Place of Business Mailing Address 701 NW 18TH AVE - BLDG B 701 NW 18TH AVE - BLDG B 3. Date Incorporated or Qualified FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 12/20/1995 4. FEI Number Applied For 65-0759758 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required itte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners essociation? City & State City & State ☐ Yes 23 28 Country Zip Country Zip 8. This corporation owas or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ANDERSON, JANET Y Street Address (P.O. Box Number Is Not Acceptable) 7320 NW 85 CT BLDG 8203 63 TAMARAC FL 33321 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Change Addition TITLE 1.1 TITLE

ANDERSON, JANET 1.2 NAME NAME 7320 NW 85 CT BLDH 8203 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE D٧ BERN, BARBARA NAME 2.2 NAME 701 NW 18TH AVE, BLDG B 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP 2.4 GITY - ST - ZIP Addition 3.1 TITLE Jan Anthony Production 7320 NUL 85 Ct BL TITLE BLOOM, JERRY 32 NAME NAME 7320 NYL 85 CT 8203 3.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 3.4. CLTY - ST - ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME

14. I 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 og an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: De A

STREET ADDRESS

CITY-ST-ZIP

11/20/48

CRZE

FILED

May 28 1998 8:00am

Secretary of State