


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004218 (0)**

1. Corporation Name

**JANSHEE EDUCATIONAL SEVICES, INC.**

Principal Place of Business

Mailing Address

**1862 N.W. 104TH STREET  
MIAMI FL 33147**

**P.O. BOX 680353  
MIAMI FL 33168**



3. Date Incorporated or Qualified

**07/25/1997**

4. FEI Number

**65-0924543**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY-SMITH, SADIE MAE  
1862 N.W. 104TH STREET  
MIAMI FL 33147**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Co-Chair</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Robert Robinson - D</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>18000 N.W. 6th Ct. Miami, FL 33169</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Recording Secretary</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Moderia Garmon - D</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>4235 N.W. 168 Terr. Opa Locka, FL 33055</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Financial Secretary</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Myra Ferguson - D</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>4376 32nd Ave. Vero Beach, FL 32967</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Parliamentarian</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Mildred Ferguson</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>415 N.W. 87th St. Miami, FL 33150</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

*Sadie Mae Murray-Smith*

**1/28/98 (305) 835-6256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/97)