## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** P92000010802 (6) **DOCUMENT #** JANTREX BUILDING SERVICES INC. Principal Place of Business Mailing Address 6401 E. ROGERS CIRCLE. 6401 E. ROGERS CIRCLE, #3 BOCA RATON FL 33431 BOCA RATON FU 33431 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1992 03/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0373980 Not Applicable Suite, Apt. #, Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, / 25 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CALELLO, NICK Street Address (P.O. Box Number is Not Acceptable) 82 6401 E ROGERRS CIRCLE #3 BOCA RATON FL 43481 33487 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 TITLE ☐ Change ☐ Addition NAME CALELLO, NICK 1.2 NAME 6401 E ROBERS CIRLCE #3 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33431** 1.4 CITY-ST-ZIP THILE ☐ DELETE 2 1 TITLE ☐ Change ☐ Addition CALELLO, ZOILA 22 NAME STREET ADDRESS 6401 E ROBERS CIRLCE #3 2.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 2.4 CITY-ST-ZIP TrillE DELETE 3 1 TITLE Change Addition CALELLO, DAN NAME 3.2 NAME STREET ADDRESS 6401 E ROBERS CIRLCE #3 3.3. STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 44 CITY-ST-ZIP DILE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - 7/P 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath, 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, if it is an attachment with an address.

CALLLO F

SIGNATURE:

(12/95)

CR2E034