## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P92000010802 (6)

**FILED** Apr 09 1998 8:00am Secretary of State

JANTRE	ex Building Services in	·C.				
Principal Place	e of Business	Mailing Add	dress			
6401 E. ROGE	RS CIRCLE. #3	6401 E. RC	OGERS CIRCLE	. #3		
			ON FL 33487			DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified
						12/09/1992
2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0373980 Not Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			Certificate of Status Desired     \$8.75 Additional
22		27	City & State			Fee Required
City & State	9	}	olate			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Z <sub>f</sub> p Country			Trust Fund Contribution
24	(25)		30		,	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		ent	100		10. Name and Address of New Registered Agent
CAI	LEULO, NICK			8	1 Name	
	1 E. ROGERS CIRCLE #3			8	2 Street A	Address (P.O. Box Number is Not Acceptable)
BO		oz Sireci Auk			The second of th	
				8	3	
				8	4 City	85 Zip Code
					1	FL 1 1
11. Pursuant I office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	)2 and 607.1508, e of Florida Such	Florida Statut change was a	es, the abo authorized l	ve-named on the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section	607.0505, Fl	orida Statut	eś.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE		Literation visit and a constraint was	AIOT	E. 0		e required when reinslating) DATE
12.	Signature, typed or printed name of registered agr OFFICERS AN	ID DIRECTORS	i (MC)	13.	Deux signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE	·····	Change Addition
NAME	CALELLO, NICK			1.2 NAM	.	
STREET ADDRESS	6401 E. ROGERS CIRCLE #3	<b>j</b>		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL			1.4 C/TY	ST-ZIP	
TITLE	ST		DELETE	2.1 TITLE		Change Addition
NAME	CALELLO, ZOILA		2.2 NAM			
STREET ADDRESS	6401 E. ROGERS CIRCLE #3	;		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		- he ere	2 4 CITY		
TITLE		L	DELETE	3.1 TITLE	- 1	Change Addition
NAME				3.2 NAMI	1	
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITLE		Change Addition
HILL			vectio	4.1 IBLE	1	C. Change C. Rounion
STREET ADDRESS				•	ET ADDRESS	
CITY-ST-ZIP				4.4 CITY		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAM	1	
STREET ADDRESS				•	ET ADDRESS	
CITY-ST-ZIP				5.4 CITY	1	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAMI		
STREET ADDRESS				6.3 STRE	ET ADDRESS	
CITY - ST - ZIP				6.4 CITY	ST-ZIP	
	ertify that the information supplied w	vith this filing doe	s not qualify fo			ed 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.

561-994-5627