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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000042998 (2)

1. Corporation Name

JANIKOWLA EUROPEAN BODY WRAP, INC.



Principal Place of Business

240-B EGLIN PARKWAY
FT WALTON BEACH FL 32547

Mailing Address

240-B EGLIN PARKWAY
FT WALTON BEACH FL 32547-2878

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 107 Eglin Parkway SE
Suite, Apt. #, etc.

22 n/a
City & State

23 Ft Walton Beach, FL
Zip

24 32548

Country
25 USA

2a. Mailing Address

26 107 Eglin Parkway SE
Suite, Apt. #, etc.

27 n/a
City & State

28 Ft Walton Bch, FL
Zip

29 32548

Country
30 USA

4. FLEI Number
59-3248969

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

SMITH, CATALINA M
240-B EGLIN PARKWAY
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name CATALINA M. Smith
82 Street Address (P.O. Box Number is Not Acceptable)
107 EGLIN PARKWAY SE
83
84 City Fort Walton Beach, FL 85 Zip Code 32548

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE CATALINA M. Smith
Signature, typed or printed name of registered agent and filed applicable

President April 20, 1997
(NOTE: Registered Agent signature required when resigning) DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE PS
NAME SMITH, CATALINA M.
STREET ADDRESS 89 LAURIE DR NE
CITY-ST-ZIP FT WALTON BEACH FL

☐ DELETE

TITLE VT
NAME SMITH, RICHARD
STREET ADDRESS 89 LAURIE DRIVE NE
CITY-ST-ZIP FT. WALTON BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE CATALINA M. Smith
Signature, typed or printed name of registered agent and filed applicable

CR2E034 (9/96)