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

Mailing Address

1897 JENSEN BEACH BLVD.

JENSEN BEACH FL 34957-7279

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063391 (4)

JAN'S PLACE, INC.

Principal Place of Business 1697 JENSEN BEACH BLVD.

JENSEN BEACH FL 34957

3. Date incorporated or Qualified 3a. Date of Last Report 08/29/1994 06/24/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0539909 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TRUDEL, JANICE L 1897 JENSEN BEACH BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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 emigrations of Section 607.0506, Florida Statutes. 1/27/97 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. □ DELETE 1.1 TITLE Change Addition TITLE TRUDEL, JANICE L 1.2 NAME NAME 1897 JENSEN BEACH BLVD. STREET ADDRESS 1.3 STREET ADDRESS JENSEN BEACH FL 34957 1.4 CITY - ST-ZIP CITY - ST - ZIP Addition DELETE 2.1 TITLE Change TITLE TRUDEL, ROBERT 2.2 NAME NAME 1897 JENSEN BEACH BLVD. 2.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 2.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2(P DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-2IP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. If 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 is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the porporation in 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/27/5

1-561-334-9598

FILED

Jan 31 1997 8:00am

Secretary of State