

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067922

1. Corporation Name

JANES, KEY & DINHO, P.A.

Principal Place of Business

1600 W EAU GALIE BLVD 2717 N. WICKHAM
SUITE 203 ROAD
MELBOURNE FL 32935 SUITE 3

Mailing Address

1600 W EAU GALIE BLVD 2717 N. WICKHAM
SUITE 203 ROAD
MELBOURNE FL 32935 SUITE 3

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90013 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1994

4. FEI Number

59-3268022

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

JANES, LARK

1600 W EAU GALIE BLVD 2717 N. WICKHAM ROAD
SUITE 203 SUITE 3
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

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 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 obligations of, Section 607.0505, 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

TITLE DP ☐ DELETE

NAME JANES, LARK
STREET ADDRESS 1600 W EAU GALIE BLVD SUITE 203
CITY-ST-ZIP MELBOURNE FL

TITLE DST ☐ DELETE

NAME KEY, CATHERINE M.
STREET ADDRESS 1600 W EAU GALIE BLVD SUITE 203
CITY-ST-ZIP MELBOURNE FL

TITLE DVP ☐ DELETE

NAME DINHO, ELAINE B
STREET ADDRESS 1600 W EAU GALIE BLVD SUITE 203
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2717 N. WICKHAM ROAD, SUITE 3

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2717 N. WICKHAM ROAD, SUITE 3

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

2717 N. WICKHAM ROAD, SUITE 3

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

Catherine M. Key
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

407-752-6000
Daytime Phone #

CR2E034 (11/98)