

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000078512 (8)**

1. Corporation Name
JANB, INC.



Principal Place of Business

**6900 CYPRESS RD
PLANTATION FL 33317
US**

Mailing Address

**6900 CYPRESS RD
PLANTATION FL 33317**

2. Principal Place of Business

2a. Mailing Address

21 **6900 cypress Rd**

26 **P.O. Box 6113**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Plantation, FL

27 City & State
Ft. Lauderdale, FL

24 Zip
33317

25 Country
Broward

29 Zip
33311

30 Country
Broward

9. Name and Address of Current Registered Agent

**POLANCO, JOSEFINA
6900 CYPRESS RD
PLANTATION FL 33317**

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

Josefina Polanco
Signature, typed or printed name of registered agent, and title if applicable

J. Polanco
(NOTE: Registered Agent signature required when re-stating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **POLANCO, JOSEFINA**
STREET ADDRESS **6900 CYPRESS RD**
CITY- ST- ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 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 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:

J. Polanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 954-797-5387
Date Daytime Phone #

CR2E034 (12/95)