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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 05 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

P94000090844 (9)

JAN USA. INC.

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if chang

CITY-ST-ZIP

Principal Place of Business Mailing Address 3041 465 GREYNOLDS CIRCLE P.O. BOX ### LANTANA FL 33465-00 LANTANA FL 33462 3a. Date of Last Report 3. Date incorporated or Qualified 12/15/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 26 65-0542237 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHOHN, CHRISTIAN N. 224 DATURIA STREET 82 **SUITE 1100** R3 WEST PALM BEACH FL 33401 City 84 11. Pursuant to the provisions of Seations 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 but 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 deligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or p (NOTE: Registere name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 DELETE HILE 1.1 TIFLE Change Addition NAME NIEMINEN, JORMA A 1.2 NAME **465 GREYNOLDS CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS LANTANA FL 33462 CITY-ST-ZIP 1.4 CITY - ST- 7IP TITLE DELETE 2.1 TITLE Addition NAME VIKLUND, SAKRI A 2.2 NAME **465 GREYNOLDS CIR** STREET ADDRESS 2.3 STREET ADDRESS LANTANA FL CITY - ST- 2IP 2.4 City-St-ZIP DELETE TITLE 3.1 TITLE Addition TIMO PAHAMAKI NAME 615-7 Whitney Ave Lantana FL 33462 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZiP DELETE TITLE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TALE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY-ST-ZIP DELETE TILLE 6.1 TITLE Change Addition NAME 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 it made under oath; that I am an officer or director of the corporation or the received trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name

an attachment with an audress.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR