FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mo[illegible]
Secretary of S[illegible]
DIVISION OF CORP[illegible]IONS

DOCUMENT # P95000025218 (5)

1. Corporation Name
JANELLE ENTERPRISES, INC.

Principal Place of Business
1810 N.W 119TH AVENUE
PEMBROKE PINES FL 33026

Mailing Address
1810 N.W 119TH AVENUE
PEMBROKE PINES FL 3302[illegible]

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report:
4. FEI Number: APPLIED FOR
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

POZZUOLI, EDWARD J
790 E. BROWARD BLVD.
SUITE 200
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a[illegible] 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 b[illegible] th[illegible] 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 ______ DATE ______

12.	OFFICERS AND DIRECTORS	
TITLE	D	☐ DELETE
NAME	GREENE, STEVEN	
STREET ADDRESS	C/O 790 E. BROWARD BLVD., #200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished an[illegible]s 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 repor[illegible]e 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 empow[illegible] 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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE[illegible] Date Daytime Phone #

CR2E034 (12/95)