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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000029686 (9)

1. Corporation Name
JANET HASSAN ENTERPRISES, INC.



Principal Place of Business
6091 12TH AVENUE N.W.
NAPLES FL 33999

Mailing Address
6091 12TH AVENUE N.W.
NAPLES FL 34119-1311

3. Date Incorporated or Qualified
04/10/1995

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 2722 Fountain View Circle

Suite, Apt. #, etc.
#201

City & State
Naples, FL

Zip Country
34109 U.S.

2a. Mailing Address

27 2722 Fountain View Circle

Suite, Apt. #, etc.
#201

City & State
Naples, FL

Zip Country
34109 U.S.

4. FEI Number
NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HASSAN, JANET
6091 12TH AVENUE N.W.
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name Hassan, Janet
82 Street Address (P.O. Box Number is Not Acceptable)
2722 Fountain View Circle #201
83
84 City Naples FL 85 Zip Code 34109

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 "If not applicable"

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HASSAN, RAYMOND
STREET ADDRESS 6091 12TH AVENUE N.W.
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME HASSAN, JANET
STREET ADDRESS 6091 12TH AVENUE N.W.
CITY-ST-ZIP NAPLES FL 33999 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Hassan, Raymond ☒ Change ☐ Addition
1.3 STREET ADDRESS 2722 Fountain View Circle #201
1.4 CITY-ST-ZIP Naples, FL 34109

2.1 TITLE D
2.2 NAME Hassan, Janet ☒ Change ☐ Addition
2.3 STREET ADDRESS 2722 Fountain View Circle #201
2.4 CITY-ST-ZIP Naples, FL 34109

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

(941)
263-9433

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CR2E034 (9/96)