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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P95000042353 (9)

JANET GLOVER	R	ASSOCIATES	INC	

JANET GLOVER & ASSOCIATES,	INC.					
Principal Place of Business 9141 S.W. 23RD ST. SUITE B FT. LAUDERDALE FL 33324	Mailing Address 9141 S.W. 23RD ST. SUITE B FT. LAUDERDALE FL					Milos (114 <b>6)</b> Alife 1 <b>46</b> 0
			<ol> <li>Date Incorporated or Qualified 05/31/1995</li> </ol>	3a. Date	of Last	Report
Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65.05 8868			Applied For
Suite, Apt. #, etc.	Suite, Apt. #. etc.		05 05 0 60	Z		Not Applicable
0	27]		5. Certificate of Status Desired			75 Additional e Required
Only & State	City & State		6. Election Campaign Financing			<b>00</b> May Be
Zip Country	7 <sub>(p</sub>	Country	Trust Fund Contribution  8. This corporation has liability for in			ded to Fees
25	29	30	Florida Statutes Yes	ILAFILITATIONE TA	ix under	s 199.032,
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered	Agent	
GLOVER, JANET		81 Name				
9141 S.W. 23RD ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)		
SUITE B		83				
FT. LAUDERDALE FL 33324		84 City				
Pursuant to the provisions of Sections 607,0502 or registered agent, or both, in the State of Florid.		- '		FL		Zip Code
D GLOVER, JANET	DIRECTORS DELETE	Ole Regimeral Agent signature require  13.  1 1 THEF	ADD/TIONS/CHANGES TO OFFIC		DIRECT ] Change	
ET ADDRESS 9141 S.W. 23RD ST. SUITE B		1.2 NAME : 3 STHEFT ADDRESS		•		
FT. LAUDERDALE FL 33324		1.4 CITY ST ZIP				
	☐ DELETE	2.1 TIT. F		Ĺ	] Change	Add tion
1 ADDRESS		2.2 NAME 2.3 STREET ADDRESS				
ST-ZIP		2 4 CHY   S1 - ZIP				
	☐ DELFTE	3.1.11[[			] Change	Addition
T ADDRESS		3 2 NAME				
ST-ZIP		3.3 STREET ADDRESS				
	☐ DELF IL	3.4 C-TY - S1 - Z-P 4. L T-TLE			Change	Addition
		4.2 NAME		L	Change	□ ×comon
TADDRESS		4.3 STEEFT ADDRESS				
ST-ZIP	— Druce	4.4.017Y - \$1 - ZIP				
	☐ DELETE	5 1 TiTLE			Change	Addit on
ADDRESS		5.2 NAME 5.3 STREET ADORESS				
51 - ZIP		5.4 CITY+ST+ZIP				
	☐ DELETE	5 1 HILE			Change	Addition
LEGGERG		6.2 NAME		_		
FADDRESS		6.3 STREET ADDRESS				
ST-ZIP  I do hereby certify that the information sumplied wit	a this floor is valentaste to	6 4 CHY-SI-7/P				
I do hereby certify that the information supplied wit certify that the information indicated on this annual oath; that I am an official or unector of the corporal appears in Block 12 of Block 12 in changed, or on GNATURE:	tion or the receiver or truste an additionent with an addr	empowered to execute this	e and that the signature shall have the sal report as required by Chapter 607, Florid	(3)(k), Flora me legal el da Statutes	fect as i i; and th	f made under at my name

SIGNATURE:

NATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

342 7288