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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 10 1998 8:00am

Secretary of State

DOCUMENT # P95000053598 (5)

JANA GEE, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 9723 HAMMOCKS BOULEVARD, G-203 9723 HAMMOCKS BOULEVARD. G-203 MIAMI FL 33196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0598936 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square \text{No} No Zip Country Zip 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRAY, RUSSELL J 9723 HAMMOCKS BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE G-203 83 **MIAMI FL 33196** 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition PTD 1 1 1 TUE TITLE NAME GRAY, JANA 12 NAME 9723 HAMMOCKS BOULEVARD, G-203 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33196** 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE VSD 21 TITLE TITLE GRAY, RUSSELL J 2.2 NAME NAME 9723 HAMMOCKS BOULEVARD, G-203 23 STREET ADDRESS STREET ADDRESS **MIAMI FL 33198** CITY-ST-ZIP 2 4 CiTY-S1-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

14. I 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 ssell J. Gray) 2/10/98 (305)-365-9698

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP