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Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000083456 (0)**

1. Corporation Name

**LEE M. JANZEN, INC.**

Principal Place of Business

**1942 EAST VINE STREET, #114  
KISSIMMEE FL 34744**

Mailing Address

**G/O VIRGINIA M. KAY, O.P.A.  
2600 LEE ROAD, SUITE 400  
WINTER PARK FL 32789-1700**



<b>2. Principal Place of Business</b> 21 <b>6108 Dartmoor Court</b> Suite, Apt. #, etc. 22 City & State 23 <b>Orlando, Florida</b> Zip Country 24 <b>32819 USA</b>		<b>2a. Mailing Address</b> 26 <b>C/O Robin O'Donnell</b> Suite, Apt. #, etc. 27 <b>7512 Dr. Phillips Blvd # 50-906</b> City & State 28 <b>Orlando, Florida</b> Zip Country 29 <b>32819-5100 USA</b>		<b>3. Date Incorporated or Qualified</b> <b>10/31/1995</b>	<b>3a. Date of Last Report</b> <b>04/08/1996</b>
		<b>4. FEI Number</b> <b>59-3340816</b>		Applied For Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**MANOR, TIMOTHY J  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANZEN, LEE M</b>	1.2 NAME	
STREET ADDRESS	<b>1942 EAST VINE STREET, #114</b>	1.3 STREET ADDRESS	<b>7512 Dr. Phillips Blvd. # 50-906</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	1.4 CITY-ST-ZIP	<b>Orlando, Florida 32819-5100</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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**

**3/31/97**

Date

Daytime Phone #

CR2E034 (9/96)