PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90003 028 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000083456**

LEE M. JANZEN, INC.

LEE M. J/	ANZEN, INC.									
Principal Place	of Business	Mailing Ad								
6108 DARTMOOF	R CT		7512 DR PHILLIPS BLVD							
ORLANDO FL 32	819	ANDO ANDO	%ROBIN ODONNELL ORLANDO FL 32819-5100				DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qualifed			
							10/31/1995		Applie	ed For
Principal Place of Business 2a. Mailing Address			Address				4. FEI Number		1-1	oplicable
21		26					59-3340816		\$8.75 Add	
Suite, Apt. #	, etc.	Suite,	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Requ	
22	·	27					6. Election Campaign Financing		\$5.00 M	av Be
City & State		- ⊢¬ '	City & State				Trust Fund Contribution Added to Fees			
23		28 Zin	Zip Country				8. This corporation owes the curr	ent year Int	angible	
Zip	Country	<u> </u>	[-	30	,		Personal Property Tax.		∐ Yes _L	No
24	9. Name and Address of Curro	29		1			10. Name and Address of New F	legistered	Agent	
	9. Name and Address of Curr	ent Registered F	180.11		81	Name				
MANOR, TIMOTHY J 215 NORTH EOLA DRIVE			}	82	Street Addre	ess (P.O. Box Number is Not Accept	able)	22.14.		
	ANDO FL 32801							E (P. 18)		
UND I	ANDO I E OEGO				_			* \$1.4.	85 Zip Co	de
ı					84	City	pration submits this statement for the on's board of directors. I hereby acce	FL	. `	
05 agent. Lai	Signature, typed or printed name of registered a	agent and title if applicat	ole. (NOTE:				oration submits this statement for the in's board of directors. I hereby acce divided the reinstating and the constant of the ADDITIONS/CHANGES TO OF	DATE		
12.	OFFICERS	AND DIRECTOR	S DELETE	1.1 111			700 NO. 100		Change	☐ Addition
TITLE	D		C DEFEIC	1.1 III			* . * .			
NAME	JANZEN, LEE M			,		ADDRESS	•			Į
STREET ADDRESS	7512 DR PHILLIPS BLVD, 50)-90 6		1.4 CF		Į.				
CITY-ST-ZIP	ORLANDO FL		☐ DELETE	2.1 TI		1-ZIF			Change	☐ Addition
TITLE			Decerie	2.2 N		}	•			
NAME				1		ADDRESS				
STREET ADDRESS				2.4 C		Ì				
CITY-ST-ZIP			DELETE	3.1 TI					Change	☐ Addition
TITLE	syn a s			3.2 N						
NAME	建设等(比) 。			ľ		TADDRESS		·, · · · · · ·	garage .	1000
STREET ADDRESS	3978 F 19					ST-ZIP		<u> </u>		7 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 Ti			3 8 15	****	☐ Change	Addition
μινε	}	,		4.21	NAME					
NAME				4.3 S	TREE	T ADDRESS				
STREET ADDRESS	1 "			4.4 C	my-s	T-ZIP				□ Addition
CITY-ST-ZIP			☐ DELETE	5.1 T			·		Change	Addition
TITLE				5.2 N	IAME		•			
NAME ATREET ADDRESS	,			5.3 S	TREE	T ADDRESS				
STREET ADDRESS	i 1)			5.4 C	CITY-S	ST-ZIP				Addition
CITY-ST-ZIP	J. 3 (18 N. 17)		☐ DELETE	6.1 7	ITLE				Change	Addition
I TILLE		to employ		6.2 N	VAME				•	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS