

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

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1997 MAR 24 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000088256 (9)

1. Corporation Name
JANSON DESIGN CORPORATION.

Principal Place of Business
100 E. LINTON BLVD., SUITE 500B
DELRAY BEACH FL 33483

Mailing Address
100 E. LINTON BLVD., SUITE 500B
DELRAY BEACH FL 33483-3330

3. Date Incorporated or Qualified 11/17/1995
3a. Date of Last Report 07/02/1996

2. Principal Place of Business
21 12612 Marsh Creek Dr
22 Suite, Apt. #, etc.
23 City & State Ponte Vedra Bch FL
24 Zip 32082 25 Country
26 12612 Marsh Creek Dr
27 Suite, Apt. #, etc.
28 City & State Ponte Vedra Beach FL
29 Zip 32082 30 Country

4. FEI Number 65-0641794
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

PANZA, THOMAS F
3600 N. FEDERAL HIGHWAY
THIRD FLOOR
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Nancy Rodriguez
82 Street Address (P.O. Box Number, is Not Acceptable)
12612 Marsh Creek Dr
83
84 City & State Ponte Vedra Beach FL
85 Zip Code 32082

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 Nancy Rodriguez 3/14/97

Signature of a corporation or printed name of a registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	PD
NAME	HANSON, NANCY
STREET ADDRESS	100 E. LINTON BLVD., SUITE 500B
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	STD
NAME	BLOOME, GARY
STREET ADDRESS	100 E. LINTON BLVD., SUITE 500B
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

Nancy Rodriguez 3/17/97 9042850792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0336710

CR2E034 (9/96)