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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## 1999 **DIVISION OF CORPORATIONS** DOCUMENT # P96000004023 1. Corporation Name JANG, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90035 011 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address			T A B DELEMBER FIND THREE HOUSE ON SHEET BRIEF BRIEF BREEF	II BBIII EIFII GBII	<b>0</b> (1 <b>00)</b> (6) (100)	
756 79TH CIR SOUTH ST. PETERSBURG FL 33710  756 79TH CIR SOUTH ST. PETERSBURG FL 33710			)		DO NOT WRITE IN TH	S SPACE		
					Date Incorporated or Qualifed	3 SPACE		
					01/11/1996		ĺ	
2. Principal f	Place of Business	2a. Mailing Address		, ,	4. FEI Number	A	pplied For	
21		26			59-3354903	<del></del>	ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					Additional	
22		27			5. Certifcate of Status Desired	•	equired	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	•	to Fees	
Zip			Country	<del>/</del>	8. This corporation owes the current year Intangible			
24	25 29 30		30		Personal Property Tax.	Yes	□No	
··	9. Name and Address of Cur	rrent Registered Agent	81	l Manage	10. Name and Address of New Registered	Agent		
KIF	INMETZ, JULIE		*'	Name				
756 79TH CIRCLE SOUTH			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
ST PETERSBURG FL 33707			_	_				
	Elenobolid i E doror		83				ľ	
İ			84	City		85 Zip	Code	
44.5					FI	_     `		
I Office or r	redistered agent or both to the Sta	ate of Florida. Such change was au	ithorized by	the compretic	oration submits this statement for the purpose on so board of directors. I hereby accept the appoint	f changing its	registered	
agent. I a	im familiar with, and accept the obl	ligations of, Section 607.0505, Flor	ida Statutes	,	./	100	giotoroa	
SIGNATURE	Jungulu	<u></u>				199		
12.	Signature typed or printed name of registered	agent and Nue if applicable. (NOTE: AND DIRECTORS	Registered Agei	nt signature required			200 111 10	
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	CLOTT OFNE		1.2 NAME			□ change	Addition	
STREET ADDRESS	101 I State			TADDRESS				
CITY-ST-ZIP	SEMINOLE FL 34646	INDIAN SHORES FL 33	1.55 INEE	T 710				
TITLE	D	□ DELETE	2.1 TITLE	1-ZIP	1000	Change	Addition	
NAME	KLEINMETZ, JULE		2.2 NAME					
STREET ADDRESS	750 70TH OIDOLE CO		2.3 STREE	LADDOESS				
CITY-ST-ZIP	ST DETERMINE EL 00707		2.4 CITY-S					
TITLE	DELETE			11-211		Change	Addition	
NAME			3.1 TITLE 3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S					
TITLE			4.1 TITLE			Change	Addition	
NAME			4. 2 NAME			<b>–</b> •		
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE			5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME			-	_	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP				
TMLE	DELETE 6:170		6.1 TITLE			Change	Addition	
NAME			0.0 1/44/5	f		•	_	
			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS		,		

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.

SIGNATURE:

Prosident