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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034036 (9)

JANE ANDERSON PUBLIC RELATIONS, INC.

10577 SANTA LAGUNA DRIVE 10577 SANTA LAGUNA DRIVE **BOCA RATON FL 33428-1208 BOCA RATON FL 33428** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-069 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional B. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 🔲 Yes 🔀 No Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ANDERSON, JANE 10577 SANTA LAGUNA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 83 84 City 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 land accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signification, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1 1 TITLE TIFLE ANDERSON, JANE NAME 1.2 NAME 10577 SANTA LAGUNA DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY - S1 - ZeP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TOTAL 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7IP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-\$1-28 DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

SIGNATURE:

Lam an officer or director of the corporation

CHIY - \$1 - 712

6.4 CITY-ST-ZIP

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 tam 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

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

JANE ANDERSON March 24, 1997 S61 488 2893

FILED

Mar 27 1997 8:00am

Secretary of State

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