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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000050241**1. Corporation Name

JANEL, INC.

ROBERTO'S

Principal Place of Business

Mailing Address

~1031 N-COLLIER-

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90049 049 ***150.00



1031 N COLLIE		MARCO ISLAND FL 34145~ US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
-MARCO-ISLAND	D-FL-34145								
						06/12/1996			
2 Dringing P	lace of Business	2a. Mailing Address				4. FEI Number	Anr	lied For	
	NONE.	26 709 Sheru	NY	11	Cir			Applicable	
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.	uu.	۲ `		\$2		dditional	
22 Suite, Apt.						LE Cartifooto of Statue Decired	ee Req		
City & Stat	le	Cjty,& State	4 ~	1		6. Election Campaign Financing 55	5.00 N	May Be	
23	-	28 900 GWW	l. 44	40	X03	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dded to	· · · · · · · · · · · · · · · · · · ·	
Zip	Country	Zip	Cour	ntry	<u> </u>	8. This corporation owes the current year Intangible			
24	25	29 15697 3	o	ノく	5	Personal Property Tax.	s 🏃	No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent			
				81	Name				
WOODWARD, CRAIG-R-ESQUIRE-			ŀ	82 Street Address (P.O. Box Number is Not Acceptable)					
606	BALD EAGLE DRIVE	None		82 Street Address (P.O. Box number is Not Acceptable)					
SUIT	E 50 0			83					
MAR	CO ISLAND FL 34145			_		11	7:- ^		
				84	City	FL 85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the ab	ove	-named c	corporation submits this statement for the purpose of chang	ing its r	egistered	
office or r	egistered agent, or both, in the State o	f Florida. Such change was auth	norized	by 1	he corpor	ration's board of directors. I hereby accept the appointment	as reg	istered	
agent. I a	ım familiar with, and accept the obligati	ons of, Section 607.0505, Fibrid	a Statu	nes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable INCTF- R	enisteren i	frená	sionalium re	equired when reinstating) DATE			
12.	OFFICERS AND		13.		- Dignotore to	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOF	RS IN 12	
TITLE			_	1.1 TITLE		_ 		☐ Addition	
NAME	LYPSON, JOHN S		1.2 NA		1	-10		l	
STREET ADDRESS	1316 MAINSAIL DRIVE #1012.				ADDRESS	709 sherwood CIV			
	NAPLES FL 34114	-	14 CIT		710	LINDOG WOOD PA 156	97		
CITY-ST-ZIP TITLE	INTERESTRATE OF LITT	☐ DELETE	2.1 TITLE		- 21	900.19 00000 11.15 On	nange	Addition	
NAME			2.2 NA						
			1		ADDRESS			!	
STREET ADDRESS									
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				3.1 MILE 3.2 NAME			•		
NAME					ADDRESS			İ	
STREET ADDRESS			į.						
CITY-ST-ZIP		☐ DELETE	3.4. CIT		-ZIP		nance	Addition	
TITLE					-				
NAME			4. 2 NA		, pppers				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CIT		-219	ПС	nance	Addition	
TITLE		□ DETELE	5.1 IIII 5.2 NAI		İ		go		
NAME					ADDDEES				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			5.4 C/T	_	-ZIP			☐ Addition	
TITLE		☐ DELETE	6.1 777)		wilde		
NAME			6.2 NA						
STREET ADDRESS	}		ī		ADDRESS				
CITY-ST-ZIP			6.4 CIT				A 4la - ?	f	
indicated	on this annual congrt or supplemental :	annual report is true and accura	te and '	that	my siana	ature shall have the same legal effect as if made under gath	: that t	am an	
CITY-ST-ZIP 14. I hereby of indicated officer or	on this annual congrt or supplemental :	annual report is true and accura ver or trustee empowered to exe	ne exente the cute the	nptic that is re	on stated my signa	in Section 119.07(3)(i), Florida Statutes. I further certify tha ature shall have the same legal effect as if made under oath equired by Chapter 607, Florida Statutes; and that my name	: that t	am ar	

SIGNATURE: