Feb 26, 1999 8:00 am

Secretary of State

02-26-1999 90008 046 \*\*\*150.00

## CR2E034 (11/98)

## 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 # P96000057949

1. Corporation Name

JANAN (	CORPORATION								
Principal Place of Business Mailing Address						- 8 10811001 149 18710 01114 88141 08711 88111 0	1141 Bill 1881V	FBIII WI	
1357 SOUTH EVERGREEN AVENUE 1357 SOUTH EVERGREEN CLEARWATER FL 34616 CLEARWATER FL 34616			VENUE			DO NOT WRITE IN THIS SPACE			
i						3. Date Incorporated or Qualifed 07/09/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Арр	lied For
21		26				59-3388816		Not	Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State City & State				Election Campaign Finance     Trust Fund Contribution			-\$5.00 May Be Added to Fees		
Zip 24 33756	Country 25	Zip 29 <b>33756</b> 30	Count	try		This corporation owes the current year     Personal Property Tax.	r Intangible		□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	red Agent		
James G. Hanigan 1357 S. Evergreen ave. Suite L Clearwater Fl 34616			8		Name Street Addre	ess (P.O. Box Number is Not Acceptable)			
	ANTAILN IL STOID		8	34 (	City		-L 85	Zip Ci	ode 156
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auth	norized b	ov the	amed corpo corporation	oration submits this statement for the purposen's board of directors. I hereby accept the ap	of changin pointment a	g its r is regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: Re		pent si	pneture required	when reinstating) DATE			
12.				13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE 1.		TLE			<b>□</b> cha	nge	Addi 🗌
NAME	HANIGAN, JAMES G			E					
STREET ADDRESS	TABLETON TO THE TOTAL TO			1.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY	_	<u>ව   3</u>	3756			
TITLE	D	☐ DELETE	2.1 TITLE	Ξ			22 ena	nge	☐ Addi
NAME	HANIGAN, NANCY H		2.2 NAMI	Ε					

1357 SOUTH EVERGREEN AVENUE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34616** 2.4 CITY-ST(ZIP) 33756 Change Addition DELETE TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETÉ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP CITY-ST-ZIP

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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(727) 442-2846 1-15-99