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

PROFIT CORPORATION ANNUAL. REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000069437 (7)

JANN ENTERPRISES OF SCC. INC.

Principal Place of Business

POST OFFICE BOX 5129 BUN OTY CENTER FL 33571-5129 Mailing Address

POST OFFICE BOX 5129 SUN CITY CENTER FL 33571-5129

## FILED Apr 23 1997 8:00am Secretary of State



	1
	3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1996
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 3818 SUN City Cte. Blv D 26 3818 SUN Cty Cta Blu	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired See Required Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 RUSKIN, FL 28 RUSKIN FC 29 Country 24 33570 25 Hh//s how 28 33570 30 Hh//s bond	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation has liability for intangible tax under s. 199.032,
24 33570 25 HAILS how 28 33570 30 HAILS bunco	Florida Statutes Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DINOFSKY, ANN M 81 Name	
ANA DEL MEDD BLVD C	ddress (P.O. Box Number is Not Acceptable)
SUN CITY CENTER FL 33573	duress (F.O. Box Number is Not Acceptable)
83	
84 City	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named c	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>	oration'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 Signature, lypod or printed name of registried agent and title if applicable (MOTE: Registered Agent signature)	equired when reins(ating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	Change Addition
NAME DINOFSKY, ANN M	
STREET ADDRESS 2312 DDEL WEBB BLVD. E. 1.3 STREET ADDRESS	
ALMI ARV ARITER PLANTA	
CITY-ST-ZIP SUN CITY CENTER PL 335/3 14 CITY-ST-ZIP  TITLE DELETE 2.1 TITLE	Change Addition
· -	The cutting the property of the control of the cont
NAME BANK, JANET M 22 NAME	
STREET ADDRESS 730 WINTERBROOKE WAY 2.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL 33573 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-S1-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 43 STHEET ADDRESS	
<u>CITY-ST-ZIP</u> 4.4 CITY-ST-ZIP	
TITLE DELETE 5.17INLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 61 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS G.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	sted in Section 119 07/3Vi). Florida Statutes, I further certify that the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

and maker of the

4-7-97

813 634.7723