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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084713 (2)

JANEEN FOOD & GAS INC

Principal Place of Business

P.O. BOX 761 HWY 247 BRANFORD FL 32008-0761 Mailing Address

P.O. BOX 761 HWY 247 BRANFORD FL 32008-076

## FILED Jan 20 1998 8:00am Secretary of State



BRANFORD FL 32008-0761		BRANFORD FL 32008-0761		DO NOT WRITE IN THIS	SPACŁ
				3. Date Incorporated or Qualified 10/14/1996	
2. Principal Pl	lace of Business	28. Mailing Address 26. 403 SW Suite, Apt. #, etc.	us 27	4, FEI Number 59-3405733	Applied For Not Applicable
Suite, Apt 22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State  28 BRANFORD	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 32008 3	o Sywannee	1	] Yes ☐ No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
	LER, BENJAMIN		81 Name		
	JOHN KNOW ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	TE D100				
IAL	LAHASSEE FL 32303		83		
			84 City	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05 oglstered agent, or both, in the Stat	502 and 607.1508, Florida Statutes de of Florida, Such change was au	, the above-named corp thorized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	f changing its registered
	m familiar with, and accept the obli	igations of, Section 607.0505, Florid	da Statules.	red when rejustation) 1/8/9	. ø
SIGNATURE	Signature, typod or printed rulice of regulared a	agent and tille if applicable (NOTE: I	Registered Agent signature requi	red when reinstating) DATE	, <u>D</u>
12.		ND DIRECTORS	<b>1</b> 3.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
THILE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	KURDI, MAKRAM		1.2 NAME		
STREET ADDRESS	403 S.W. US 27		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD FL		1.4 CITY - S1 - ZIP		
TITLE		DELETE	2.1 THILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIF			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHY-ST-ZIP		
TITLE		☐ DILETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF			4.4 CITY - ST - ZIP		
TITLE		☐ DELFŤE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7IP		
TITLE	****	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
STREET ADDITION			0.0 Stite Charles		

14. I neropy comy that the information supplied with this ming does not quality for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this armual report or suppliemental 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: NAME OF A A

1/3/98