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

FILED
99 JUN 18 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

4/23/99 900160287 #150.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000026050

1. Corporation Name
JANROY, INC.

Principal Place of Business	Mailing Address
3 GROVE ISLE, SUITE PH3. COCONUT GROVE FL 33133	3 GROVE ISLE, SUITE PH3 COCONUT GROVE FL 33133

2. Principal Place of Business	2a. Mailing Address
21 3 GROVE ISLE DRIVE	26 3 GROVE ISLE DRIVE
Suite, Apt. #, etc. 22 PH-3	Suite, Apt. #, etc. 27 PH-3
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL,
Zip / Country 24 33133 25	Zip / Country 29 33133 30

3. Date Incorporated or Qualified
03/24/1997

4. FEI Number
~~APPLIED FOR~~ 65-0737637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name FRANK SHEAR
82 Street Address (P.O. Box Number is Not Acceptable) 3 GROVE ISLE DRIVE, PH-3
83
84 City MIAMI FL 85 Zip Code 33133

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEAR, FRANK ROY		1.2 NAME		
STREET ADDRESS	3 GROVE ISLE, SUITE PH3		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHEAR, HELENE J		2.2 NAME		
STREET ADDRESS	3 GROVE ISLE, SUITE PH3		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE(S) REQUIRED Frank Roy Shear, Pres. 4/19/99 305/856-3750
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)