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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # P97000
1. Corporation Name
JANET O'STEEN REPORTING, INC. P97000030346 (5)

FILED Apr 03 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		1 1841ran ers erste effer dater mare Bareb littl Stron sein dente fitt 1851
118 WEST ORANGE STREET	118 WEST ORANGE STREE		
ALTAMONTE SPRINGS FL 32714	ALTAMONTE SPRINGS FL 3	12714	DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			04/03/1997
2. Principal Place of Business	2a. Mailing Address		4 FELNumber Applied For
	26 413 Summit	Ridge Pla	(e 59- 3439940 Not Applicable
Suite, Apt. #, etc.	26 413 Summit Suite, Apl. #, etc.		\$8.75 Additional
	#207		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 Longwood FL	20 Longwood	FL	Trust Fund Contribution Added to Fees
Zip Country	Zip 0	Country	, 8. This corporation owes or has paid the current year Intangible
24 32779 25 Seminole	29 32779 31	Jemino.	Personal Property Tax due June 30. 🔲 Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 81 Name Janet O'Stecn			
			Address (P.O. Boy Number is Not Acceptable)
CORAL GABLES FL 33134			Address (P.O. Box Number is Not Acceptable) 413 Summit Ridge Plc. #207
•		83	
		84 City	(or Lize Order
		84 City	Longwood FL B5 Zip Code 32779
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's 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			
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 Jamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
Signature, typed or printed name of registered agent and	d tillo il applicable. (NOTE: R	egistered Agont signature	en, president 2.10.98 require when reinstating) DATE
12. OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD	[_] DELETE	1.1 TITLE	Change Addition
NAME O'STEEN, JANET		1.2 NAME	101 01 #200
STREET ADDRESS 118 WEST ORANGE STREET		1.3 STREET ADDRESS	413 Summit Ridge Pls. #207 Longwood FL 32779
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		1.4 CITY - ST - ZIP	Longwood th 32779
TITLE	DELETE	2.1 TITLE	J ☐ Change ☐ Addition
NAME		2.2 NAME	,
STREET ADDRESS	_	2.3 STREET ADDRESS	
CITY-ST-ZIP		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	11/-
STREET ADDRESS		4.3 STREFT ADDRESS	7/19/5
CITY-ST-ZIP		4.4 CITY - ST - ZIP	104
TITLE	☐ DELETE	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 ADDRESS	ALCO GALLO
CITY-ST-ZIP		6.4 CITY - ST - ZIP	4170 DANYL
14. Thereby 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.			