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

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Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043064

1. Corporation Name
JANDA, INC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/15/97

2. Principal Place of Business
21 330 N. Congress Ave
Suite, Apt. #, etc.
22
City & State
23 Delray Beach FL
Zip 24 33445 Country 25 USA

2a. Mailing Address
26 102 N. Lakeshore Dr.
Suite, Apt. #, etc.
27 C/O Charles Lesniak
City & State
28 Hypoluxo FL
Zip 29 33462 Country 30 USA

4. FEI Number: 65-0752839 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: SE FRANKFORD ASSOC.
82 Street Address (P.O. Box Number is Not Acceptable): 130 S. UNIVERSITY DRIVE
83
84 City: PLANTATION **FL** 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 S.E. Frankford & Assoc., SE Frankford & Assoc. 4-5-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Charles M. Lesniak		1.2 NAME	
STREET ADDRESS	102 N. Lakeshore Dr		1.3 STREET ADDRESS	
CITY-ST-ZIP	Hypoluxo FL 33462		1.4 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Cherilyn Michels		2.2 NAME	
STREET ADDRESS	102 N. Lakeshore Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Hypoluxo FL 33462		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	000002542630
STREET ADDRESS			5.3 STREET ADDRESS	-06/01/98--01082--048
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00
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	

CR2E034 (10/97)

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.

SIGNATURE: Charles M. Lesniak President 5/2/98 561-272-0632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #