

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90045 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000096944**

1. Corporation Name  
**JANET LOPEZ ENTERPRISE INC.**



Principal Place of Business: 9 SW 13TH STREET FT. LAUDERDALE FL 33315  
 Mailing Address: 9 SW 13TH STREET FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1998**  
 4. FEI Number:  Applied For,  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes,  No

2. Principal Place of Business: 21 **12161 W. Linebath Ave**, 22 **Tampa, FL**, 23 **33626**  
 2a. Mailing Address: 26 **12161 Linebath Ave**, 27 **Tampa, FL**, 28 **33626**, 29 **Hillsborough**

9. Name and Address of Current Registered Agent

**JOHNSON, SEAN**  
 9 SW 13TH STREET  
 FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: **Janet Lopez**  
 82 Street Address (P.O. Box Number is Not Acceptable): **12161 W. Linebath Ave.**  
 83  
 84 City: **Tampa**, 85 Zip Code: **FL 33626**

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: Janet Lopez Pres. Janet Lopez 4/10/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, JANET</b>	
STREET ADDRESS	<b>9 SW 13TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33315</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PVD</b>	
1.3 STREET ADDRESS	<b>LOPEZ, Janet</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Janet Lopez Pres. Janet Lopez 4/10/99 813-855-5858  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)