PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OCSTATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000101257

JANINE REALTY, INC.

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1	205	51ST	STREET	NORTH

FILED Apr 16, 1999 8:00 am Secretary of State

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Mailing Address 205 51ST STREET NORTH ST. PETERSBURG FL 33710 √ ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/30/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. =Fee Required == \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Country Zip □ No ☐ Yes 30 Personal Property Tax. 28 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CRONK, JANINE Street Address (P.O. Box Number is Not Acceptable) 205 51ST STREET NORTH ST. PETERSBURG FL 33710 83 84 Zip Code City 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 697.0505, Florida Statutes. Icu SIGNATURE et and title if emilicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE CR2E034 CRONK, JANINE 1.2 NAME NAME 205 51ST STREET NORTH 1.3 STREET ADDRESS STREET ACCRESS ST. PETERSBURG FL 33710 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ DELETE 21TILE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZE CITY-ST-ZIP Addition ☐ Change ☐ DELETE 31TILE 32 NAME NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZP Addition DELETE Change 41 TIDE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CTTY-ST-ZIP ☐ Change Addition DELETE TITLE SITTLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 CITY-ST-ZIP ÇITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 cath; 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.