

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S05813 (8)

1. Corporation Name

EL JANEZ INSTITUTE OF CORAL SPRINGS INC.



Principal Place of Business

701 N.W. 18TH AVE
BUILDING B
FT. LAUDERDALE FL 33311

Mailing Address

701 N.W. 18TH AVE
BUILDING B
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified
01/01/1991

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0234114

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 701 N.W. 18th Ave
Suite, Apt. #, etc.

22 Bldg B
City & State

23 Ft Lauderdale
Zip

24 33311

2a. Mailing Address

26 Same as Above
Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ALLEN, ERIC R.
633 NE 187 ST
SUITE 701
N MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

Signature, typed or printed name of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME NORVEL, MILTON
STREET ADDRESS 7320 NW 85 CT. #8203
CITY-ST-ZIP TAMARAC FL

TITLE ☐ DELETE

NAME KELLIER, LEDGER
STREET ADDRESS 5906 PEMBROKE ROAD
CITY-ST-ZIP WEST HOLLYWOOD FL

TITLE ☐ DELETE

NAME ALLEN, ERIC R.
STREET ADDRESS 17070 COLLINS AVE #206
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME DOUGLAS, PAULINE
STREET ADDRESS 4042 NW 101 DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME ANDERSON, JANET
STREET ADDRESS 1515 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME ALLEN, PAM G.
STREET ADDRESS 1768 N.W. 112TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME Jerry Bloom
1.3 STREET ADDRESS 7320 NW 85 CT #8203
1.4 CITY-ST-ZIP TAMARAC FL 33321

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 7320 N.W. 85 CT. Bldg 8203
5.4 CITY-ST-ZIP TAMARAC FL 33321

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Place

CR2E034 (12/95)