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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

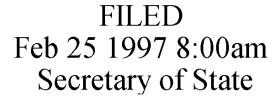
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S27496

(6)

CHRISJANET, INC.



Principal Place of Business 906 EAST HIGHWAY 436 CASSELBERRY FL 32707	Mailing Address 906 EAST HIGHWAY 436 CASSELBERRY FL 32707				
			3. Date Incorporated or Qualified 01/28/1991	3a. Date of Last Re 05/01/1996	eport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	h	plied For
21	Sqile, Ipp 4, etc.		59-3047647 5. Certificate of Status Desired	\$8.75 A	
City & State	City & State	all	6. Election Campaign Financing	\$5.00	<u> </u>
23	_ 28 / / /) U	Trust Fund Contribution	Added t	
Zip Gountry		Country	8. This corporation has liability for		199.032,
24 25 9. Name and Address of Cu		30]	Fiorida Statutes 10. Name and Address of New R	Yes No	,
THAKOORPERSAD, JANET		81 Name			
906 EAST HIGHWAY 436		82 Street Add	ress (P.O. Box Number is Not Accepta	phia)	
CASSELBERRY FL 32707		OE SUCOI AUG	Tess (F.O. Byx Notinos) is Not Accepta		
		83	Suma		
		84 City		85 Zip (Code
11. Pursuant to the provisions of Sections 607.				FL 8 2 P	, , ;
office or registered agent, or both, in the Sagent it any amiliar with, first accept the o	willing.	Ga Statutes Reg stered Agent signature requesting 13.	<u> </u>	1197 DAY 197	<u> </u>
12. OFFICERS	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change	Addition
NAME THAKOORPERSAD, JANET		12 NAME			
STREET ADDRESS 906 EAST HIGHWAY 436		1.3 STREET ADDRESS			
CASSELBERRY FL		1.4 CITY+ST-ZIP			
TILE	DELETE	2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELETE	2 4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME	L. Deter	3.1 TITLE 3.2 NAME		L. Change	LIII YOURON
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			
STREEL ADDRESS		4.3 STREET ADORESS			
City+St+ZiP		4.4 CITY-ST-ZIP			
DILE	DELETE	5 1 TITLE		Change	Addition
NAME		5.2 NAME			
STHEET AODRESS		5 3 STREET ADDRESS			
CITY-SI-ZP		5.4 CITY-ST-ZIP			
HELE	☐ DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME	·		
STREET ANDRESS		6.3 STREET ADDRESS			
C(1)Y- \$1 - 20P		6.4 CITY - ST - ZIP	d i- Contin- 110 07/9/9 Florid- Cont.		

I do 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.