FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** ELORIDA DEPARTMENT DE STATE Jan 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (6)S27496 CHRISJANET, INC. Principal Place of Business Mailing Address 906 EAST HIGHWAY 436 906 EAST HIGHWAY 436 CASSELBERRY FL 32707 CASSELBERRY FL 32707 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/28/1991 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3047647 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Ζlp 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THAKOORPERSAD, JANET 906 EAST HIGHWAY 436 Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 83 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 DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change \_\_\_ Addition TITLE □ DELETE 1.1 TITLE THAKOORPERSAD, JANET 1.2 NAME 906 EAST HIGHWAY 436 STREET ADDRESS 1.3 STREET ADDRESS CASSELBERRY FL 1.4 CITY-ST-ZIP City-S1-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET AODRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 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 of 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:

\*\*TOTAL \*\*India Statutes\*\* I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the exemption stated in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certificates in the exemption stated in the exemption state

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS** 

5,3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change

Change

Addition

Addition

**CR2E034**