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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **\$51966**

JANEE'S PAPER PLACE & GIFTS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90224 017 ***150.00

_			

Principal Place	e of Business		Mailing Addres	55				7	1			
9021 OAKHURS	T RD		9021 OAKHURS	TRD								
SEMINOLE FL 3			SEMINOLE FL 3	33776								
US			US						DO NOT WR		SPACE	
	1								ate Incorporated or Qualifed 5/09/1991	1		
2. Principal Pl	lace of Business		2a. Mailing Ad	dress					I Number			Applied For
21	•		26					59) 31193<u>94</u>			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.		_		5 Ce	ertifcate of Status Desired			5 Additional
22			27					J. 00				Required
City & State	е		City & Stat	te				6. Ek	ection Campaign Financing			0 May Be
23			28					Trı	ust Fund Contribution		Adde	ed to Fees
Zip		Country	Zip	_	Count	гу		1	nis corporation owes the cut	rrent year Inta		
24	25		29		30				ersonal Property Tax.		Yes	□No
	9. Name and	Address of Current	Registered Agen	t		т.		10. Na	ame and Address of New	Registered /	Agent	
DAIN	4 OCNICC				8	1	Name					
	II, RENEE				8	2	Street Addre	ess (P.O.	. Box Number is Not Accep	table)		
	COE ROAD										. <u> </u>	
BELL	EAIR FL 34616	5			8	3						
1	1				a	4	City				85 Z	ip Code
							•			FL	. 1"	
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, Flo	orida Statutes	s, the abo	ve-r	named corpo	oration su	ubmits this statement for the d of directors. I hereby acce	e purpose of	changing	its registered
office or n	registered agent, i im familiar with, a	or both, in the State o nd accept the obligati	ons of, Section 60	ange was au 7.0505, Flori	da Statute) y 85.	ie corporation	ii a boaic	B Of difectors. I hereby acco	spirare appoi	Tillion Go	109,000
SIGNATURE												
SIGNATURE	Signature, typed or prin	nted name of registered agent	and title if applicable.	(NOTE: F	Registered Ac	ant si	ignature required	when reinst	tating)	DATE		
					togiotoroo rig	ger v	3				_	
12.		OFFICERS AND	DIRECTORS		13.				DITIONS/CHANGES TO O	FFICERS AN		
12.	DP		DIRECTORS	DELETÉ						FFICERS AN	D DIREC	
	DP RAIMI, RENE		DIRECTORS	DELETE	13.					FFICERS AN		
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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. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: /_

NAME

STREET ADDRESS