

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V23963 (4)  
1. Corporation Name  
JANSEC INC.



Principal Place of Business P.O. BOX 32236 PALM BEACH GARDENS FL 33420-2236	Mailing Address P.O. BOX 32236 PALM BEACH GARDENS FL 33420-2236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1445 SPILLAN ROAD Suite, Apt. #, etc. 22 City & State 23 YELLOW SPRINGS, OHIO Zip 24 45387 Country 25 Greene		2a. Mailing Address 26 1445 SPILLAN ROAD Suite, Apt. #, etc. 27 City & State 28 YELLOW SPRINGS, OHIO Zip 29 45387 Country 30 Greene		3. Date Incorporated or Qualified 03/26/1992	3a. Date of Last Report 05/01/1996
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75		May Be Added to Fees \$5.00	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG, LEON  
13771 LE BATTEAU LANE  
PALM BEACH GARDENS FL 33410

81 Name  
JAMES BUTLER  
82 Street Address (P.O. Box Number is Not Acceptable)  
821 EAST OCEAN BOULEVARD  
83 SUITE B  
84 City  
STUART  
FL 85 Zip Code  
34994

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 JAMES BUTLER

*James Butler*

9-15-97

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, LEON	1.2 NAME	
STREET ADDRESS	13771 LE BATTEAU LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS. FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR + SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MICHAEL D. LANG
STREET ADDRESS		2.3 STREET ADDRESS	1445 SPILLAN ROAD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	YELLOW SPRINGS, OH 45387
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR + PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	RICHARD D. LANG
STREET ADDRESS		3.3 STREET ADDRESS	74 TAMAL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FOREST KNOLLS, CA 94933
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Michael D. Lang*

9/15/97 937-767-8310

CR2E034 (4/97)