

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V37874 (7)  
1. Corporation Name  
JANZEN, JOHNSTON & ROCKWELL OF FLORIDA, INC.



Principal Place of Business 4551 GLENCOE AVE SUITE 260 MARINA DEL REY CA 90292 US	Mailing Address 4551 GLENCOE AVE SUITE 260 MARINA DEL REY CA 90292 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1992	
21		26		4. FEI Number 59-3125823	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent MAHER, MARK 1600 TAMAMI TRAIL SUITE 111 PUNTA GORDA FL 33950		10. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JOHNSTON, BRIAN D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4551 GLENCOE SUITE 260	1.2 NAME	
STREET ADDRESS	MARINA DEL REY CA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	EVS STAUM, BARRY B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4551 GLENCOE #260	2.2 NAME	
STREET ADDRESS	MARINA DEL REY CA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SVT BUCKLEY, EDWARD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4551 GLENCOE #260	3.2 NAME	
STREET ADDRESS	MARINA DEL REY CA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SCHEPPER, STEVE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4551 GLENCOE SUITE #260	4.2 NAME	
STREET ADDRESS	MARINA DEL REY CA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CLARK, ROLAND B	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4551 GLENCOE SUITE 260	5.2 NAME	
STREET ADDRESS	MARINA DEL REY CA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BRASH, STEWART H	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4551 GLENCOE SUITE 260	6.2 NAME	
STREET ADDRESS	MARINA DEL REY CA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

CR2E034 (10/97)