

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murray
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:52

DOCUMENT # V59530

(8)

To: Corporation Owner

JAN'S TROPICAL PROPERTIES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted 08/20/1992 3a. Date of Last Report 04/29/1994

4. FBI Number 59-3143998 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
4872 ORANGE AVE N 4872 ORANGE AVE N
WINTER PARK FL 32792 WINTER PARK FL 32792
21. Suite, Apt. # etc. 26. Suite, Apt. # etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country

9. Name and Address of Current Registered Agent
LAIKASK, JAN
4872 ORANGE AVE N
WINTER PARK FL 32792
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	P LAIKASK, JAN	13.1 TITLE	☐ Change ☐ Addition
12.2 STREET ADDRESS	4872 ORANGE AVE., NORTH	13.2 NAME	
12.3 CITY, ST, ZIP	WINTER PARK FL	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME	T LAIKASK, MATT	13.5 TITLE	
12.6 STREET ADDRESS	4872 ORANGE AVE., NORTH	13.6 NAME	
12.7 CITY, ST, ZIP	WINTER PARK FL	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP		13.8 CITY, ST, ZIP	☐ Change ☐ Addition
12.9 NAME	S LAIKASK, ADAM	13.9 TITLE	
12.10 STREET ADDRESS	8123 CASTINANGO ST.	13.10 NAME	
12.11 CITY, ST, ZIP	ORLANDO FL	13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	☐ Change ☐ Addition
12.13 NAME	C LAIKASK, RUSSELL	13.13 TITLE	
12.14 STREET ADDRESS	8123 CASTINANGO ST.	13.14 NAME	
12.15 CITY, ST, ZIP	ORLANDO FL	13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	☐ Change ☐ Addition
12.17 NAME		13.17 TITLE	
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY, ST, ZIP		13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(b), 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 make 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: Jan Laikask 5-1-95 (407) 671-6406
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR
JAN LAIKASK