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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J52086 (2)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:40

1. Corporation Name
A.J. & L.E. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% 3670 DIXIE HWY. N.E. SUITE 5 PALM BAY FL 32905	% 3670 DIXIE HWY. N.E. SUITE 5 PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1987
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 3670 Dixie Hwy NE	26 3670 Dixie Hwy NE
Suite, Apt. #, etc. 22 #7	Suite, Apt. #, etc. 27 #7
City & State 23 Palm Bay FL	City & State 28 Palm Bay, FL
Zip 24 32905 Country 25	Zip 29 32905 Country 30

4. FEI Number: 59-2756854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $9.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

FRESE, GARY B, ESQUIRE
930 S. HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

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 _____ DATE
(Signature, type or print name of registered agent and the capacity) (NOTE: Registered Agent signature required when mailed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KRAHN, RYAN	12 NAME	
STREET ADDRESS	3670 DIXIE HIGHWAY NE #5	13 STREET ADDRESS	
CITY ST ZIP	PALM BAY FL	14 CITY ST ZIP	
TITLE	VPDS	21 TITLE	☑ ~~Change~~ Correction ☐ Addition
NAME	KRAHA, CAROL	22 NAME	KRAHN, Carol
STREET ADDRESS	3670 DIXIE HWY NE #5	23 STREET ADDRESS	
CITY ST ZIP	PALM BAY FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ryan Krahn Ryan Krahn 3-22-95 407-725-7544
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0410074 FP