

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L61806 (0)**  
1. Corporation Name  
**ASJ & ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O FRANK H. KREFT 6274-24 ST. AUGUSTINE RD., #245 JACKSONVILLE FL 32217 US</b>	Mailing Address <b>C/O FRANK H. KREFT 6274-24 ST. AUGUSTINE RD., STE. 245 JACKSONVILLE FL 32217 US</b>
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3. Date Incorporated or Qualified  
**03/26/1990**

2. Principal Place of Business <b>NEW</b> 21 <b>816 LAKE SHORE TERRACE</b>	2a. Mailing Address <b>NEW</b> 26 <b>816 LAKE SHORE TERRACE</b>
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4. FEI Number  
**59-3002579**

22. City & State <b>INTERLACHEN, Florida</b>	27. City & State <b>INTERLACHEN, Florida</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. Zip <b>32148</b>	24. Country <b>USA</b>	28. Zip <b>32148</b>	29. Country <b>USA</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**KREFT, FRANK H.  
8025 BAYMEADOWS CIRCLE EAST  
STE 1204  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name	84 City
82 Street Address (P.O. Box Number is Not Acceptable)	85 Zip Code
83	<b>FL</b>

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KREFT, FRANK H.</b>	1.2 NAME	
STREET ADDRESS	<b>8025 BAYMEADOWS CIR. E., STE 1204</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KREFT, FRANK H.</b>	2.2 NAME	
STREET ADDRESS	<b>8025 BAYMEADOWS CIR. E., STE 1204</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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: Frank H. Kreft **FRANK H. KREFT, Pres.** 1/22/98 904-997-0506

CR2E034 (10/97)