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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66340

(5)

A. & J. MANAGEMENT CORP.

| Principal Place | e of Business | Mailing Address | | | | | | | |
|--|--|---|---|-------------|------------------|--|----------------------------|----------------------|------------------|
| C/O BARRY BARAK 2223 PEMBROKE RD. HOLLYWOOD FL 33020 | | C/O BARRY BARAK 2223 PEMBROKE RD. HOLLYWOOD FL 33020-82 | | | | | | | |
| 102211100011 | | | | | | 3. Date Incorporated or Qualified 04/16/1990 | | te of Last 1/1996 | Report |
| 2. Principal Pl 21 | lace of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 65-0206788 | Applied For Not Applicable | | |
| Suite, Apt | #, etc | Suite, Apt. #, etc | * · · · · · · · · · · · · · · · · · · · | | | 5. Certificate of Status Desired | | | Additional |
| 22 | | 27 Cit 18 Cit 19 | | | | <u> </u> | Fee Required | | |
| City & State | <i>}</i> | City & State | 28 | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Ζ ₍ p | Country | Country Zip Co | | | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes | | | |
| | 9. Name and Address of Cur | | 1001 | I, | | 10. Name and Address of New Re | | | |
| BARAK, BARRY | | | | 81 Name | | | | | |
| 2223 PEMBROKE RD. HOLLYWOOD FL 33020 | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptal | ole) | | |
| nou | L111000 1 L 0020 | | | 83 | | , | | | |
| | | | | 84 | City | | | 85 Zir | o Code |
| 44 (1.22.22.12 | to the same of Continue CO71 | 2502 and 607 1509. Florida Statu | dee the e | hour | | rporation submits this statement for the p | FL | | tto remintered |
| office or n | egistered agent, or both, in the St m Isma ar with, and accept the ob | ate of Florida. Such change was | authorize | d by | the corpora | ation's board of directors. I hereby acce | or the app | ointment a | is registered |
| SICHATURE | | g , | | | | | | | |
| | Star at the dyseld or printed name of registeric | | | ed Age | nt signature req | Jired when reinstating) | DATE. | DIDECTO | NDC IN 40 |
| 12. 11°LE | D | AND DIRECTORS DELETE | 13. 1.1 T | ITLE | | ADDITIONS/CHANGES TO OFFIC | JERS AND | Change | |
| NAME | BARAK, AUDREY J. | C Meete | | iAME | | | | onlange | , Abolion |
| STREET ACORESS | 2223 PEMBROKE RD | | | | ADDRESS | | | | |
| CiT+-S*-ZiP | HOLLYWOOD FL | | | HTY-S | | | | | |
| TITLE | en autoritation de la contraction de la contract | DELETE | 217 | | | | | Change | Addition |
| NAME | | | 2.2 M | IAMÉ | | | | | |
| STREET ADDRESS | | | 2.3 9 | TREET | address | | | | |
| CITY-ST-ZIP | | | 2.44 | CITY-S | ir-ZIP | | | | ····· |
| TITLE | | L. DELETE | 317 | | | | | Change | Addition |
| NAME | | | 3.2 M | | | | | | |
| STREET ACORESS | | | 1 | | ADDRESS | | | | |
| City - ST - 20P Title | | DELETE | 3.4. I 4.1 T | CITY - S | IT-ZIP | | | Change | Addition |
| NAME | | OLLEGE | | NAME | | | | C. C. Mango | rioginon |
| SUBSET ADDRESS | | | | | ADDRESS | | | | |
| City-St 2if | | | | OTY-S | i i | | | | |
| TOTALE | | DELETE | 5.1 1 | *********** | | | | Change | Addition |
| NAME | | | 521 | IAME | | | | | |
| STREET ADORESS | | | 535 | STREET | ADDRESS | | | | |
| CITY - 51 - 20F | | | | HTY-S | T-ZIP | | | | · - |
| TITLE | | ☐ DELETE | 617 | | | | | L_ Change | Addition |
| NAME | | | 62 h | | | | | | |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | |
| CITY: ST-20: | by certify that the information elec- | blind with this filing does not gual | | HY-S | | ed in Section 119.07(3)(i), Florida Statute | s I further | certify the | at the |
| informatio Lam an o | ⇒ indicated on this annual report | or supplemental annual report is nor the receiver or trustee empor | true and wered to | accu | rate and the | at my signature shall have the same legr ort as required by Chapter 607, Florida s | al effect as | if made u | inder oath; that |

SIGNATURE:

Audrey Barak

2/24/97

(954) 923-9999

FILED

Feb 28 1997 8:00am

Secretary of State