

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L99971 (8)
1. Corporation Name
A & J HOLDING, INC.



Principal Place of Business: **2441 NW 22ND ST, POMPANO BEACH FL 33069**
Mailing Address: **2441 NW 22ND ST, POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified: **09/13/1990**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **65-0217210**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Name and Address of Current Registered Agent
**WILLIAMS, CHARLES C
22900 PONDEROSA DR
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code: **FL**

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) _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES C	
STREET ADDRESS	22900 PONDEROSA DR	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAELIS, JOHN	
STREET ADDRESS	440 SW 18TH COURT	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 of Block 13 if changed or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Michaelis

2-28-96 954 960818
DATE DAY/MONTH/YEAR

CR2E034 (12/95)