

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90109 001 ***400.00
 07-20-2000 90109 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT
 2000
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 MW 22ND ST
 BEACH FL 33069

Mailing Address
 2441 NW 22ND ST
 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified
09/13/1990

4. FEI Number
65-0217210

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

Principal Place of Business
 2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 25 Country
 29 Zip
 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, CHARLES C
22900 PONDEROSA DR
BOCA RATON FL 33428

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

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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D WILLIAMS, CHARLES C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HOME ADDRESS	22900 PONDEROSA DR	1.2 NAME	
CITY-STATE-ZIP	BOCA RATON FL	1.3 STREET ADDRESS	
NAME	D MICHAELIS, JOHN <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
HOME ADDRESS	440 SW 18TH COURT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	POMPANO BEACH FL	2.2 NAME	
NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
HOME ADDRESS		2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
HOME ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HOME ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
HOME ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		5.2 NAME	
NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
HOME ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
HOME ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: [Signature] **7-14-00** **954-960-0818**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (5/98)