

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).

PROFIT CORPORATION ANNUAL REPORT

2000

DOCUMENT # L99971 (8)

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

Corporation Name

A & J HOLDING, INC.

Principal Place of Business

MW 22ND ST
BEACH FL 33069

Mailing Address

2441 NW 22ND ST
POMPAÑO BEACH FL 33069

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

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



DO NOT WRITE IN THIS SPACE

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

9. 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

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	
1. NAME	D WILLIAMS, CHARLES C	1.1 TITLE	
2. HOME ADDRESS	22900 PONDEROSA DR	1.2 NAME	
3. CITY-STATE-ZIP	BOCA RATON FL	1.3 STREET ADDRESS	
4. PHONE		1.4 CITY-STATE-ZIP	
5. NAME	D MICHAELIS, JOHN	2.1 TITLE	
6. HOME ADDRESS	440 SW 18TH COURT	2.2 NAME	
7. CITY-STATE-ZIP	POMPAÑO BEACH FL	2.3 STREET ADDRESS	
8. PHONE		2.4 CITY-STATE-ZIP	
9. NAME		3.1 TITLE	
10. HOME ADDRESS		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. PHONE		3.4 CITY-STATE-ZIP	
13. NAME		4.1 TITLE	
14. HOME ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. PHONE		4.4 CITY-STATE-ZIP	
17. NAME		5.1 TITLE	
18. HOME ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. PHONE		5.4 CITY-STATE-ZIP	
21. NAME		6.1 TITLE	
22. HOME ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. PHONE		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-00

954-960-0818

CR2E034 (5/98)