


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

0415204

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90009 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000053399

1. Corporation Name
AJOSA INTERNATIONAL, INC.

CH. 1620



Principal Place of Business 3258 HYDE PARK DR CLEARWATER FL 34621	Mailing Address 3258 HYDE PARK DR CLEARWATER FL 34621
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1993	
21		26		4. FEI Number 45-0217101	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33761		29. Zip 33761		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLYNN, WILLIAM J
FOWLER WHITE GILLEN BOGGS VILLAREAL
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name OLDENSTAM, JACKIE
82 Street Address (P.O. Box Numbers Not Acceptable) 3258 HYDE PARK DR.
83
84 City CLEARWATER FL
85 Zip Code 33761

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 *[Signature]* **JL. OLDENSTAM PRESIDENT** DATE **3/25/99**

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

12. OFFICERS AND DIRECTORS

TITLE	D. <input type="checkbox"/> DELETE
NAME	OLDENSTAM, JACKIE
STREET ADDRESS	3258 HYDE PARK DR
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OLDENSTAM, SOLBRITT
1.3 STREET ADDRESS	3258 HYDE PARK DR.
1.4 CITY-ST-ZIP	CLEARWATER, FL. 33761
2.1 TITLE	D/P/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	OLDENSTAM, JACKIE
2.3 STREET ADDRESS	3258 HYDE PARK DR.
2.4 CITY-ST-ZIP	CLEARWATER, FL. 33761
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **JL. OLDENSTAM** DATE **3/25/99** (727) 787-4120

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)