

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000106792 (9)
 1. Corporation Name
A. J. HOLDING OF BROWARD, INC.



Principal Place of Business 1401 EAST BROWARD BLVD. SUITE 206 FORT LAUDERDALE FL 33301	Mailing Address 1401 EAST BROWARD BLVD. SUITE 206 FORT LAUDERDALE FL 33301
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 901 E. LAS OLAS BLVD Suite, Apt #, etc. 22 Suite 203 City & State 23 Ft. LAUDERDALE FL Zip 24 33301 Country 25	2a. Mailing Address 26 901 E. LAS OLAS BLVD Suite, Apt #, etc. 27 Suite 203 City & State 28 Ft. LAUDERDALE FL Zip 29 33301 Country 30
--	---

3. Date Incorporated or Qualified 12/19/1997	4. FEI Number 65-0803831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
KELLEY, PATRICK G
1401 EAST BROWARD BLVD.
SUITE 206
FORT LAUDERDALE FL 33301

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

11. Pursuant to the provisions of Sections 607.05(12) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PEREZ, ELIZABETH S		1.2 NAME	
STREET ADDRESS 1401 EAST BROWARD BLVD. #206		1.3 STREET ADDRESS	901 E. LAS OLAS BLVD #203
CITY-ST-ZIP FORT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PEREZ, JOHN		2.2 NAME	
STREET ADDRESS 1401 EAST BROWARD BLVD. #206		2.3 STREET ADDRESS	901 E. LAS OLAS BLVD #203
CITY-ST-ZIP FORT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP	Ft. LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____

CP2E034 (10/97)