

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 # **F93000002411 (7)**

1. Corporation Name  
**AJ LAND, INC.**



Principal Place of Business

**8201 CORPORATE DRIVE, SUITE 1130  
LANDOVER MD 20785**

Mailing Address

**8201 CORPORATE DRIVE, SUITE 1130  
LANDOVER MD 20785**

3. Date Incorporated or Qualified  
**05/21/1993**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 **1130**

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 **1130**

28 City & State

29 Zip

30 Country

4. FEI Number

**52-1646863**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PT  
BLOCK, MICHAEL D  
8201 CORPORATE DRIVE, #500  
LANDOVER MD 20785**

☐ DELETE

**V  
STORKE, EDWARD W  
8201 CORPORATE DRIVE, #500  
LANDOVER MD 20785**

☐ DELETE

**S  
BYRNE, KATHLEEN E  
8201 CORPORATE DRIVE, #500  
LANDOVER MD 20785**

☒ DELETE

**D  
JENKINS, ROBERT P  
8201 CORPORATE DRIVE #500  
LANDOVER MD 20785**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**8201 Corporate Dr., Suite 1130  
Landover, MD 20785**

2. 1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**8201 Corporate Dr., Suite 1130  
Landover, MD 20785**

3. 1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**S  
Peter S. Graziano  
8201 Corporate Dr., Suite 1130  
Landover, MD 20785**

☐ Change

☒ Addition

4. 1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**8201 Corporate Dr., Suite 1130  
Landover, MD 20785**

☒ Change

☐ Addition

5. 1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Michael D Block*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/96**  
Date

**301-731-4080**  
Daytime Phone #

CR2E034 (12/95)