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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 482416 (5)

1. Corporation Name
AJC ENTERPRISES, INC.



Principal Place of Business 200 S ORANGE AVE #1940 ORLANDO FL 32801 US	Mailing Address 200 S ORANGE AVE #1940 ORLANDO FL 32801-3439 US
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2. Principal Place of Business 21 8046 Presidents Dr. Suite, Apt. #, etc. 22 City & State 23 Orlando FL Zip 24 32809 Country 25 USA	2a. Mailing Address 26 8046 Presidents Dr. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32809 Country 30 USA
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3. Date Incorporated or Qualified 08/06/1975	3a. Date of Last Report 01/25/1996
4. FEI Number 59-1613688	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KERBEN, DAVID 725 NORTH MAGNOLIA AVENUE ORLANDO FL 32803	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
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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 *Alexander Caputo* 3-24-97
Signature of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST CAPUTO, ALEXANDER J 200 S ORANGE AVE ORLANDO FL CD CAPUTO, ALEXANDER J. 200 S ORANGE AVE ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PET CAPUTO, Alexander J. 8046 Presidents Dr. Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	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 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: *Alexander Caputo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97 407-856-6668
Date Daytime Phone #

CR2E034 (9/96)