

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 522122

(1)

1. Corporation Name

A. & J. BUSINESS MACHINES, INC.

Principal Place of Business

P O BOX 8503
MARGATE FL 33063

Mailing Address

P O BOX 638503
POMPANO BEACH FL 33063-8503
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1976

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1705562

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. 189.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 636 NE 40 COURT

2a. Mailing Address

26 PO BOX 938503

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ATTN: W. JOHNSTON

27

City & State

City & State

23 OAKLAND PARK, FL

28 POMPANO BEACH, FL

Zip

Country

Zip

Country

24 33334

25

29 33093-8503

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TELVI, NAOMI
4582 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK FL 33068

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME SPINNER, ROBERT T
STREET ADDRESS 4080 NW 5TH ST
CITY-ST-ZIP COCONUT CREEK FL 33066

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME TELVI, NAOMI
STREET ADDRESS 4582 CARAMBOLA CIR. S.
CITY-ST-ZIP COCONUT CREEK FL 33066

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

ROBERT SPINNER - SECRETARY

4-1-95 (305) 563-0438