

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 522122 (1)

1. Corporation Name

A. & J. BUSINESS MACHINES, INC.



Principal Place of Business

636 NE 40 COURT  
ATTN: W. JOHNSTON  
OAKLAND PARK FL 33334  
US

Mailing Address

P. O. BOX 938503  
POMPANO BEACH FL 33063-8503  
US

3. Date Incorporated or Qualified  
12/03/1976

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

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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. 199.032,  
Florida Statutes ☐ Yes ☐ No

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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 33066

81 Name

TELVI, NAOMI

82 Street Address (P.O. Box Number is Not Acceptable)

4080 NW 5 ST.

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City COCONUT CREEK, FL

85

Zip Code 33066

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 date of registration

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

ROBERT T. SPINNER SECRETARY

4-1-96 (954) 563-0438

Date

Daytime Phone #

CR2E034 (12/95)