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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837975

(2)

AJMO INDUSTRIES, INC.

Principal Place of Business Mailing Address						-	HERE HERE HURSE SEE	1 01911 1891
1741 SW 54TH TERR		1741 SW 54TH TERR						
PLANTATION FL \$3317		PLANTATION FL 33317						
						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a. Mailing Address				03/07/1977 4. FEI Number		plied For
21	idd <b>y</b> of Edsiriosa	26				59-1722094	<del></del>	plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	
22		27				5. Certificate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution	Added t		
Zip	Country	Zφ	Country			8. This corporation owes or has paid the o	surrent year Inte	angible
24	25	29	30			Personal Property Tax due June 30.		No
	9. Name and Address of Current	Registered Agent		81 Nar		10. Name and Address of New Registere	d Agent	
	ICKET, ROBERT J. ESO			or Nar	ne			
	46 W. OAKLAND PARK BLVD		[4	82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
FI.	. Lauderdale fl 33312		-	83				
			[`					
			[1	64 City	'	F	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the ab	L ove-nam	ed corp	oration submits this statement for the purpose		s registered
office or r	<b>egistered</b> agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was	authorized	by the c	corporati	on's board of directors. I hereby accept the a	ppointment as	registered
•	are ignimal with, and accept the bunga	mons or, acciloir our outo, i	iorida Statti	iters				
SIGNATURE	Signature, typed or printed name of registered agri-	claref tille it applicable (NC	1E: Registered	Agent signa	iture require	ed when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 1110	Æ			Change	☐ Addition
NAME	AJMO, LOUIS		1.2 NAN	NE				
STREET ADDRESS	1741 S.W. 54TH TERRACE			REET ADDRES	SS			
CITY-ST-ZIP	PLANTATION FL	T cricse		Y-ST-ZIP	<del></del> -			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	SD AIMO JOAN	☐ DELETE	2.1 TITU				Change	Addition
NAME	AJMO, JOAN 1741 S.W. 54TH TERRCE		2.2 NAN					
STREET ADDRESS	BI ANTATION EL			REET ADDRES	SS			
CITY-ST-ZIP TITLE	VO			Y-ST-ZIP				Addition
NAME	AJMO, DANIEL	C. J DECENE	3.1 TITL	. t.			Change	
STREET ADDRESS	tand brine		■ 32 NAR	dF.			Change	_
	1741 S.W. 54TH TERRACE		3.2 NAM 3.3 STR		20		Change	
CHY-SI-7P	1741 S.W. 54TH TERRACE PLANTATION FL		3.3 STR	EET ADDRES	SS		Change	_
CITY-ST-ZIP TITLE	1741 S.W. 54TH TERRACE PLANTATION FL	DELETE	3.3 STR	EET ADDRES	SS		Change	☐ Addition
		DELETE	3.3 STR 3.4. CIT	EET ADDRES Y-ST-ZIP .e	SS			Addition
TITLE		DELETE	3.3 STR 3.4. CIT 4.1 TITL 4.2 NA	EET ADDRES Y-ST-ZIP .e				Addition
TITLE NAME		[] DELETE	3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR	eet addres 'Y-St-Zip .e Me				Addition
TITLE NAME STREET ADDRESS		DELETE	3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR	EET ADDRES Y-ST-ZIP .E ME .EET ADDRES Y-ST-ZIP				Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY	EET ADDRES Y-ST-ZIP LE ME LEET ADDRES Y-ST-ZIP LE			Change	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA	EET ADDRES Y-ST-ZIP LE ME LEET ADDRES Y-ST-ZIP LE	SS		Change	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR	EET ADDRES Y-ST-ZIP LE ME LEET ADDRES Y-ST-ZIP LE ME	SS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR	Y-ST-ZIP  E ME LEET ADDRES Y-ST-ZIP  E ME LEET ADDRES Y-ST-ZIP  E ME LEET ADDRES Y-ST-ZIP  AE LEET ADDRES	SS		Change	_
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAI 5.3 STR 5.4 CITY	Y-ST-ZIP  E ME ME METADDRES Y-ST-ZIP  E ME	SS		Change	Addition

14. Thereby 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 in respect to the carbonated 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 carbonation of 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 chapter 607, an attachment with an address.

01011474405

Willis Aimo

4/23/98 (954)327-2060

**FILED** 

May 04 1998 8:00am

Secretary of State