

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC -9 AM 10:19

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000002121

AJT, LTD.

Mailing Address

Principal Office Address

3. Date Formed or Registered

11/18/96

5a. Capital Contributions as  
Shown on record

\$750.00

3a. Date of Last Report

Initial

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$750.00

4. State or Country of Formation

Florida

6. FEI Number

59-3378546

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

101 George King Blvd

101 George King Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Canaveral FL

Cape Canaveral FL

Zip

Country

Zip

Country

32920

USA

32920

USA

9. Name and Address of Current Registered Agent

Alfredo J. Teran

808 W. Central Blvd.

Cape Canaveral FL 32920

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

600002027336--7

-12/12/96--01059--023

\*\*\*\*200.00 \*\*\*\*200.00

FL

Zip 00000

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \*

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

AJT, Inc.

101 George King Blvd. Cape Canaveral

FL 32920

P96000047565

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE \*

DATE

Typed or Printed Name of General Partner Signing Form

Alfredo J. Teran President  
AJT, Inc.

Daytime Telephone Number (407) 783-7989

CR2E003 (6/96)