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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT # G19478
A J PRODUCTS CORPORATION

Principal Place of Business
1529! FLIGHT PATH DR
BROOKSVILLE FL 49409
US

PROFIT

LORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

(8)

Mailing Address
1529! FLIGHT PATH DR
BROOKSVILLE FL 49409
US

28. Mailing Address
29. O. Box 5496

FILED Apr 24 1998 8:00am Secretary of State

Principal Place 15291 FUGHT BROOKSVILLE	PATH DR	Mailing Address 15291 FLIGHT PATH DR BROOKSVILLE FL 49409			DO NOT WRITE IN	
03		03			3. Date Incorporated or Qualified	
					01/20/1983	
2. Principal Place of Business 2a. Mailing Addre			ress		4. FEI Number	Applied For
	Southern Belle	26 P.O. Box 5496		59-2279432	Not Applicable	
Suite, Apt. #, etc. 22 Brooksville, Fl.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Soring Hill, Fl.		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		B. This corporation owes or has paid	
24 3461	4613 25 Hernando 29 34611		30 Hernando		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent	8.	I Name	10. Name and Address of New Regi	stered Agent
	HEPEL, ANN M		•	Name		
9730 \$OUTHERN BELLE DR BROOKSVILLE FL 34613			82	Street Add	ress (P.O. Box Number is Not Acceptable)
DIOGRAPHICAL I DIVING			83	5		
			84	City		FL 85 Zip Code
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 eglstered agent, or both, in the State om familiar with, and accept the obligations.	and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	tes, the abor authorized b orida Statute	ve-named corp by the corporal es.	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
	Signature, typed or printed name of registered agen			gent signature requi	red when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	SCHEPEL, ANN M	- Otteric	1.2 NAME			C Outrido C Leaguion
STREET ADDRESS 9730 SOUTHERN BELLE DRIV		F		T ADDRESS		
CITY-ST-ZIP BROOKSVILLE FL		•	1.4 CITY-ST-ZIP			
TITLE	C	DELETE	2,1 TITLE			Change Addition
NAME	SCHEPEL, DONALD D	_	2.2 NAME			•
STREET ADDRESS 9730 SOUTHERN BELLE DRIVI		E	2.3 STREE	T ADDRESS		
- CITY-ST-ZIP	BROOKSVILLE FL	_	2. 4 CiTY	-ST-ZIP		
TITLE	DELETE		3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addilion
NAME	SCHEPEL, ANN M		3.2 NAME			
STREET ADDRESS	ORESS 0730 SOUTHERN BELLE DRIVE		3.3 STREE	T ADDRESS		
CATY-ST-ZIP	BROOKVILLE FL		3.4. CITY	-ST-ZIP		
TITLE	D DELETE		4.1 TITLE			Change Addition
NAME	S CHEPEL, DENNIS L		4. 2 NAM			
STREET ADDRESS	4456 SECRETARIAT RUN			T ADDRESS		
CITY-ST-ZIP			4.4 CHY-	ST-ZIP		
TITLE	•		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	DELETE		5.4 CHY- 6.1 TITLE	SI-ZIP		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
· .			6.4 City-			
CITY-ST-ZIP	adh that the information appoind wit	h this filing dose not quelify t			Section 119 07/3Vi) Florida Statutos I fu	ther entity that the information

14. I 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.

CIGNATURE: 3 ... V Co.

Presim laboral

1/17/08

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