FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # J52086 A.J. & L.E. ENTERPRISES, INC. Principal Place of Business Mailing Address 3670 DIXIE HWY NE 3670 SUITE 5 PALM BAY FL 32905 PALM BAY FL 32905 3. Date Incorporated or Qualified 3a. Date of Last Report 01/14/1987 03/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2756854 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Suite 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Z_{10} 8. This corporation has liability for intangible tax under s. 199.032, Country 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRESE, GARY B. ESQUIRE 82 Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BLVD SUITE 505 83 **MELBOURNE FL 32901** 84 City 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 familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE mahn d when rendrating OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DFLETE TITLE PD M Change ☐ Addition NAME KRAHN, CAROL KRAHN, RYAN 1.2 NAME STREET ADDRESS 3670 DIXIE HIGHWAY NE #5 13 STREET ACCRESS 3670 Dixie Hwy. NE #7 CHTY - ST - ZIP PALM BAY FL 14 CliY+S*-ZiP TITLE **VPDS** DELETE 2 1 TITLE Addition Change NAME KRAHA, CAROL 2.2 NAME 3670 Dixie Hwy. NE #7 STREET ADDRESS 3670 DIXIE HWY NE #5 2.3 STREET ADORESS CITY - ST - ZIP PALM BAY FL 2.4 CITY - ST. ZIP TITLE DECETE 3 1 [ITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIF TITLE DELETE 4 1 TIFLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 44 CITY - ST - 7 P TITLE DELETE 5 1 T.TLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 OTY ST-ZIP TITLE DELFTE 6 1 TITLE Change ☐ Addition NAME

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STHEFT ADDRESS

6.4 CiTy - \$1 - ZiF

STREET ADDRESS

CITY - ST - ZIP

4/27/96

407-725-7544

(12/95)

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