FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED		
PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE		-	May 14 1997 8:00am	
ANNUAL F	RPORATION Sandra B. Mortham UAL REPORT Secretary of State 1997 Division of Corporation		tary of State	Secreta	ry of State	
DOCUMEN		(7)				
A & J AUTO	TECH, INC.	.,		a tumpeen dan arala shenu teka madadi s		
Principal Place of Business Mailing Address						
NBRETTLER 3085 N.W. 13TH COURT DELRAY BEACH FL 33445		%BRETTLER 3085 N.W. 13TH COURT DELRAY BEACH FL 334				
				3. Date incorporated or Qualified 02/27/1987	3a. Date of Last Report 01/19/1996	
2. Principal Place of 21	Business	2a. Mailing Address 26		4. FEI Number 59-2775074	Applied For Not Applicable	
Suite, Apt #, etc. 22		Suite, Apt. #, etc. 27	مىلىكى بىرىنى بىرىكى بىرىك يىرىكى بىرىكى	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes DNo	
<u>9, N</u>	ame and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
				ddress (P.O. Box Number is Not Acceptat	vle)	
BOYNTON	BEACH FL 33436		83	<u></u>		
			84 City		FL 85 Zip Code	
11. Pursuant to the p office or registere eccent. Larg famil	rovisions of Sections 607 050 of agent, or both, in the State ar with, and accept the obliga	2 and 607,1508, Florida Stat of Florida. Such change wa	utes, the above-named os s authorized by the corp Elorida Statutes	corporation submits this statement for the poration's board of directors. I hereby acce	urpose of changing its registered of the appointment as registered	
SIGNATURE	typed or printed name of registered age		OTE: Registered Agent elonature i	autical utan reinstation)	DATE	
12. TILE P	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
	TTLER, ABRAHAM		1.2 NAME		Change Addilion	
	N.W. 13TH COURT RAY BEACH FL		1.3 STREET ADDRESS 1.4 City- St- Zip		Change Addition	
TIFLE		DELFTE	2.1 TITLE 2.2 NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME STREET ADDRESS			2.3 STREET ADDRESS			
CITY-SI-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS COLY: ST-ZIP			3 3 STREET ADDRESS 3.4. CITY - ST - ZIP	• • • • • • • • • • • • • • • • • • •		
TITLE		DELETE	4.1 TITLE 4.2 NAME		Change Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP TITLE	·····	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			5 2 NAME			
STREFT ADORESS			5.3 STREET ADDRESS 5.4 CITY - ST- ZIP			
TITLE		DELETE	6.1 TITLE	······································	Change Addition	
NAME STREET ADORESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP	- Aliza Magina for second	al tata ala jar 40	6.4 CITY - ST-ZIP			
information ind-cr I am an officer or	ated on this annual report or a director of the corporation or	upplemental annual report i the receiver or trustee emp	s true and accurate and owered to execute this re	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lege eport as required by Chapter 607, Florida S	al effect as if made under oath; that	
appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE: SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						

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