

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J93936

(9)

1. Corporation Name
ANJN, INC.



Principal Place of Business

% ALLAN RODRIQUES
671 ALT 19
PALM HARBOR FL 34683

Mailing Address

% ALLAN RODRIQUES
671 ALT 19
PALM HARBOR FL 34683

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

RODRIQUES, ALLAN
671 ALT 19
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1301, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent located in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RODRIQUES, ALLAN
STREET ADDRESS 671 ALT. 19
CITY-STATE-ZIP PALM HARBOR FL

[] DELETE

TITLE DST
NAME RODRIQUES, JANET
STREET ADDRESS 671 ALT. 19
CITY-STATE-ZIP PALM HARBOR FL

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily true and does not qualify for the exemption State has Section 119.02(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered business enterprise that is the subject of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: *Allan Rodriques*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

785-7732

CR2E034 (12/95)