FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K06679** **(0)**

1. Corporation Name

CJA MANAGEMENT CORP.

Principal Place of Business	Mailing Address
377 MAITLAND AVE., SUITE 209 ALTAMONTE SPRINGS FL 32701	377 MAITLAND AVE., SUITE 209 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)

City & State (23) / City & State (28)

Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **59-2880121** — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation files jointly for corporate tax under § 1901.032 Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

WHITING, JEFFREY
377 MAITLAND AVE., SUITE 209
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

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 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Typed or Printed Name of Registered Agent) (Date) (Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
12 Title	PD	13 Title	[ ] Change [ ] Addition
12 Name	WHITING, JEFFREY	13 Name	
12 Street Address	377 MAITLAND AV, STE 209	13 Street Address	
12 City-St-Zip	ALTAMONTE SPGS FL	13 City-St-Zip	
12 Title		14 Title	[ ] Change [ ] Addition
12 Name		14 Name	
12 Street Address		14 Street Address	
12 City-St-Zip		14 City-St-Zip	
12 Title		15 Title	[ ] Change [ ] Addition
12 Name		15 Name	
12 Street Address		15 Street Address	
12 City-St-Zip		15 City-St-Zip	
12 Title		16 Title	[ ] Change [ ] Addition
12 Name		16 Name	
12 Street Address		16 Street Address	
12 City-St-Zip		16 City-St-Zip	
12 Title		17 Title	[ ] Change [ ] Addition
12 Name		17 Name	
12 Street Address		17 Street Address	
12 City-St-Zip		17 City-St-Zip	
12 Title		18 Title	[ ] Change [ ] Addition
12 Name		18 Name	
12 Street Address		18 Street Address	
12 City-St-Zip		18 City-St-Zip	

14. I/We certify that the information supplied with this report is true and accurate and that my/our signature(s) 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY WHITING — 4/28/95 — 407/331-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0039712 CP