Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90023 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L61806**

1. Corporation Name

ASJ & ASSOCIATES, INC.

		•							
Principal Place	e of Business	Mailing Address					II: 01611 UIGII	#1#11 WIR14	
816 LAKE NEW SHORE TERRACE		816 LAKE NEW SHORE TERRACE							
INTERLACHEN FL 32148		6271-24 ST. AUGUSTINE RD., STE, 245			DO NOT WEITE		14.CF		
US		INTERLACHEN FL 32148			DO NOT WRITE IN THIS SPACE				
		U\$				3. Date Incorporated or Qualifed			
						03/26/1990			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			pplied For	
21		26				59-3002579			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	1.		Additional equired	
22	, p. 1	City & State			-	a Florida Comunica Signation			
City & State		 			6. Election Campaign Financing Trust Fund Contribution]	•	May Be to Fees	
23[Country	28	Cour	ntrv		8. This corporation owes the current	vear Intan		
Zip		 	30	,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Current		301			10. Name and Address of New Regi		<u> </u>	
	5. Halite and Addiess of Galifoni			81	Name				-
KREF	ft, frank H.		-	_	<u> </u>				
8025 BAYMEADOWS CIRCLE EAST				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
STE	1204		F	83					
	KSONVILLE FL 32256								
				84	City -		FL	85 Zip	Code
44 Durayant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the ab	OVE-F	named corpo	ration submits this statement for the pur	nose of ch	anging it	s registered
effica er r	pointered agent, or both, in the State o	of Florida. Such change was au	itnonzea	by th	e corporation	n's board of directors. I hereby accept th	e appointr	nent as r	egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statu	ites.	,	•			
agent. I at	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statu	ites.	ignature required	when reinstating)	DATE		
agent. I at	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	ida Statu	ites.			DATE		ORS IN 12
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3-19-99

904-725-2966