

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M78368** (1)  
1. Corporation Name  
**AJT & ASSOCIATES, INC.**



Principal Place of Business: **101 GEORGE KING BLVD #7 CAPE CANAVERAL FL 32920**  
Mailing Address: **101 GEORGE KING BLVD #7 CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified: **04/28/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2883552**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

**9. Name and Address of Current Registered Agent**

**TERAN, ALFREDO J.  
312 KENT DRIVE  
COCOA BEACH FL 32931**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **808 W. Central Blvd**  
83  
84 City: **Cape Canaveral** FL 85 Zip Code: **32920**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TERAN, ALFREDO J.	
STREET ADDRESS	312 KENT DRIVE	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEEKS, PETER C.	
STREET ADDRESS	2170 REYNARD PLACE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WOOD, RICHARD G.	
STREET ADDRESS	255 BANANA BLVD.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARGROVE, ARTHUR, JR.	
STREET ADDRESS	1711 WALLER ROAD	
CITY-ST-ZIP	HUNTSVILL AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>808 W. Central Blvd</b>
1.4 CITY-ST-ZIP	<b>Cape Canaveral, FL 32920</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VS</b>
3.3 STREET ADDRESS	<b>000001741070</b>
3.4 CITY-ST-ZIP	<b>-03/13/96--01032--018</b>
	<b>***208.75</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>T</b>
5.3 STREET ADDRESS	<b>Deborah L. Autery</b>
5.4 CITY-ST-ZIP	<b>5801 N. Atlantic Ave., #410</b>
	<b>Cape Canaveral, FL 32920</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: *[Signature]* DATE: **02/21/96** (407)783-7989

CR2E034 (12/95)