

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M78368** (1)
1. Corporation Name
AJT & ASSOCIATES, INC.



Principal Place of Business 101 GEORGE KING BLVD. CAPE CANAVERAL FL 32920	Mailing Address 101 GEORGE KING BLVD. CAPE CANAVERAL FL 32920-3306
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3. Date Incorporated or Qualified 04/28/1988	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2883552	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent
**TERAN, ALFREDO J
101 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TERAN, ALFREDO J.	
STREET ADDRESS	808 W. CENTRAL BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEEKS, PETER C.	
STREET ADDRESS	2170 REYNARD PLACE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VS	<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	HUNTSVILLE AL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AUTERY, DEBORAH L	
STREET ADDRESS	5801 N. ATLANTIC AVE., #410	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Merritt Island, FL 32952
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Merritt Island, FL 32952
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Huntsville, AL 35801
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/30/97

CR2E034 (9/96)