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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M78368

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **8910 Astronaut Blvd.**

2a. Mailing Address
 26 **8910 Astronaut Blvd.**

3. Date Incorporated or Qualified
04/28/1988

4. FEI Number
59-2883552

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

23 City & State
Cape Canaveral, FL

27 Suite, Apt. #, etc.

28 City & State
Cape Canaveral, FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

24 Zip **32920** 25 Country **USA**

29 Zip **32920** 30 Country **USA**

8. This corporation owes the current year intangible Personal Property Tax. Yes No

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)
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 _____ (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	
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	SHERARD, MARCO	
STREET ADDRESS	4780 YUMA TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 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.

SIGNATURE: _____ Date: **1/20/99** Daytime Phone #: **407-783-7989**

CR2E034 (1/98)