

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000003399 (0)

1. Corporation Name

AJENE ENTERPRISES INC.

Principal Place of Business

Mailing Address

4495 SHELPER RD. - J80
TALLAHASSEE FL 32310

4495 SHELPER RD. - J80
TALLAHASSEE FL 32310-7124

FILED

97 MAY -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

21 P.O. Box 228 11054

Suite, Apt. #, etc.

22 City & State

23 T

Zip

Country

24

2a. Mailing Address

26 P.O. Box 11054

Suite, Apt. #, etc.

27 City & State

28 Tallahassee, FL

Zip

29 32302

Country

30 Leon

3. Date Incorporated or Qualified
06/26/1996

3a. Date of Last Report

4. FEI Number

59-3430772

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUMP, BENJAMIN L
521 E. TENNESSEE ST.
TALLAHASSEE FL 32308

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
WILLS, ZEFFON
4495 SHELPER RD. - J80
TALLAHASSEE FL 32310

☐ DELETE

D
THOMPSON, JERMAIN
SPANISH OAKS (L-563) HIGH RD.
TALLAHASSEE FL

☒ DELETE

D
JONES, DAVE
LANDMARK APT. (S-203) JACKSON BLUFF
TALLAHASSEE FL

☒ DELETE

S
NELSON, GLORIA
TRUTH HALL, FLORIDA A&M UNIVERSITY
TALLAHASSEE FL

☒ DELETE

T
GRAHAM, KIA
2125 JACKSON BLUFF RD., H202
TALLAHASSEE FL 32304

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

3000002176813--7
-05/13/97--01074--002
*****61.25 *****61.25

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

V/S Kiah Graham (Vice President) Secret
2125 Jackson Bluff H202
Tallahassee FL 32304

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

I Treasurer
Shawn Holiday
1511 Vintage Point Apt
Tallahassee FL 32301

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Director
Lisa Ames
8726 Alkorsbrn Dr.
Tallahassee FL 82310

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Dr Director
Connell Ames
8726 Alkorsbrn Dr.
Tallahassee FL 32302

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Dr Shahed Najim
3620 Estates Rd
Tallahassee FL 32310

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/97

904/671-5121

Date Daytime Phone # 0008268

CR2037 (9/96)