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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

A.I.J.J. MANAGEMENT CO., INC.

1000 PENNSYLVANIA AVENUE BROOKLYN NY 11207	1000 Pennsylvania avenue Brooklyn ny 11207	
Principal Place of Business	Mailing Address	

FILED Apr 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 11-2921341 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change 1.1 TITLE TITLE CHEHEBAR, ALBERT NAME 1.2 NAME 1000 PENNSYLVANIA AVE. 1.3 STREET ADORESS STREET ADDRESS **BROOKLYN NY** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE Channe CHEHEBAR, JACK NAME 2.2 NAME 1000 PENNSYLVANIA AVE. STREET ADDRESS 2.3 STREET ADDRESS **BROOKLYN NY** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE CHEHEBAR, JOSEPH 3.2 NAME 1000 PENNSYLVANIA AVE. STREET ADDRESS 3 3 STREET ADDRESS **BROOKLYN NY** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SHEHEBAR, ISAAC NAME 4.2 NAME 1000 PENNSYLVANIA AVE. 4.3 STREET ADDRESS STREET ADORESS **BROOKLYN NY** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 recoiver 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:

Wort : Charling College

4/1/98