PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90126 011 ***150.00

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

Principal Place	of Business	Mailing Address				1					
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BROOKLYN NY 11207 BRO		BROOKLYN NY 11207	BROOKLYN NY 11207			DO NOT WRITE IN THIS SPACE					
						3. Date Incorpo	rated or Qualifed	d			
						09/19/198	38				
2. Principal Place of Business		2s. Mailing Address			4. FEI Number	<u> </u>			Ap	plied For	
		26				11-29213	41			No	t Applicable
Suite, Apt. 4	#. etc.	. Suite, Apt. #, etc.				7			\$		Additional
2]	., -,	27				5. Certificate of	Status Desired			Fee Re	quired
City & State	3	City & State				6. Election Car	npaign Financing	ם י	Ç		May Be
3	·	28				Trust Fund				Added I	o Fees
Zip	Country	Zip	Cou	intry			ition owes the cu	rrent year			[]No
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	9. Name and Address of Current	Registered Agent		A41 11		10. Name and	Address of New	Register	Agei	<u> </u>	
				81 Na	ame						
	ORPORATION SYSTEM			82 St	reet Addre	ss (P.O. Box Num	ber is Not Accep	table)			
	S. PINE ISLAND ROAD										
PLAN	ITATION FL 33324			83							
				84 Ci	itv	<u> </u>			. B	5 Zip (Code
	to the provisions of Sections 607.0502			1 1	•			<u> </u>	·L)	}	
- B	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	utos.							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered			when reinstelling)		DATE			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	end title if applicable. (NOTE	Registered	Agent sign		when reinstelling)	CHANGES TO O	DATE	AND D	IRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE	13.	Agent sign		when reinstelling)		DATE	AND D		
SIGNATURE	Signeture, typed or printed name of replaced agent OFFICERS ANI PD CHEHEBAR, ALBERT	end title if applicable. (NOTE	13. 1.1 TO	Agent sign	where required v	when reinstelling)		DATE	AND D	IRECTO	ORS IN 12
SIGNATURE 12. ITTLE	Signeture, typed or printed name of registered agent OFFICERS ANI PD CHEHEBAR, ALBERT 1000 PENNSYLVANIA AVE.	end title if applicable. (NOTE	13. 1,1 TF 1,2 N/ 1,3 ST	TLE AME	RESS	when reinstelling)		DATE	AND D	IRECTO	ORS IN 12
SIGNATURE 12. ITLE NAME STREET ADDRESS	Signeture, typed or printed name of replaced agent OFFICERS ANI PD CHEHEBAR, ALBERT	ord Blue II applicable. (NOTE D DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF	TLE AME TREET ADDI	RESS	when reinstelling)		DATE	AND D	IRECTO Change	DRS IN 12
SIGNATURE 12. IIILE IAME STREET ADDRESS CITY-ST-ZIP	Signeture, typed or printed name of registered agent OFFICERS ANI PD CHEHEBAR, ALBERT 1000 PENNSYLVANIA AVE. BROOKLYN NY	end title if applicable. (NOTE	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF	TLE AME TREET ACCOUNTY-ST-ZEP	RESS	when reinstelling)		DATE	AND D	IRECTO	ORS IN 12
SIGNATURE 12. TILE IMME STREET ADDRESS CITY-ST-ZIP	Signeture, typed or printed name of registered agent OFFICERS ANI PD CHEHEBAR, ALBERT 1000 PENNSYLVANIA AVE. BROOKLYN NY VD CHEHEBAR, JACK	ord Blue II applicable. (NOTE D DIRECTORS	13. 1.1 Tr 1.2 N/ 1.3 St 1.4 Cr 2.1 Tr 2.2 N/	Agent sign TLE AME TREET ACCI TTY-ST-ZEP TLE	RESS	when reinstelling)		DATE	AND D	IRECTO Change	DRS IN 12
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