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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P92000009729

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90096 025 \*\*\*150.00

A.J. 'S U	LEANING SERVICE, INC.								
Principal Place	e of Business	Mailing Address				I INCHIDATION ISA INSIN INSIN ABILI	11 <b>0</b> (813) 103	010 (1030 1011 3003	
2204 PARKWOOD DR PO BOX 290-291									
VALRICO FL 33594 TAMPA FL 33687						DO MOT WOUTE IN THIS S	,		
						DO NOT WRITE IN THIS S	PACE		
						3. Date Incorporated or Qualifed			
						12/07/1992			
Principal Place of Business     2a. Mailing Address						4. FEI Number	Applied For		
21 26						NOT APPLICABLE	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Required	
27						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
City & Stat	e	<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	Country		Cour	ntrv		<del></del>		0 10 1 003	
Zip	Country	_ '		ıtı y		This corporation owes the current year Intar     Personal Property Tax.	igible □Yes	□No	
24	9. Name and Address of Curre	29	30			10. Name and Address of New Registered A			
	9. Name and Address of Curre	ill Registered Agent		81	Name	10. Home did Hadisəs of the Highest	<i>5</i>		
HRADISKY, ARHTUR J									
2204 PARKWOOD DR				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
VALRICO FL 33594				83					
V/ (L)	1001200004			ا"		<u></u>			
				84	City	FL	85 Zi	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					named on		hanging	its registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was a	authorized	DV I	tne cordorai	tion's board of directors. I hereby accept the appoint	ment as	registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent	t signature requi	ired when reinstating) DATE			
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 717	LE		•	Chang	e	
NAME	HRADISKY , ARTHUR J		1.2 NA	ME					
STREET ADDRESS	2204 PARKWOOD DR			1.3 STREET ADDRESS					
CITY-ST-ZIP	VALRICO FL 33594		14 CIT	1.4 CITY-ST-ZIP				ļ	
TITLE				2.1 TITLE			Chang	e	
NAME			2.2 NA	ΜE	İ				
STREET ADDRESS					ADDRESS				
			2. 4 CI						
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TIT		1-21		[] Chang	e Addition	
NAME			3 2 NA						
STREET ADDRESS			33 STI	REET	ADDRESS				
			3.4. CI						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT				Chang	e Addition	
NAME			4.2 NA					i	
STREET ADDRESS	}				ADDRESS			}	
			4.4 CIT						
CITY-ST-ZIP TITLE		☐ DELETE	5,1 TIT		1-2,11		Chang	e Addition	
NAME			5.2 NA						
					ADDRESS	,		]	
STREET ADDRESS			5.4 CIT						
CITY-ST-ZIP TITLE	<del>  -</del>	☐ DELETE	6.1 TIT		-		Chang	je Addition	
			6.2 NA					_	
NAME					ADDRESS			1	

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.

6.4 CITY-ST-ZIP

SIGNATURE: