FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000060125 (0)**

1. Corporation Name
A.J.P. ENTERPRISES OF HILLSBOROUGH, INC.

Principal Place of Business	Mailing Address
2305 ELM SPRING WAY LEXINGTON KY 40515	2305 ELM SPRING WAY LEXINGTON KY 40515

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1993
3a. Date of Last Report: 12/08/1994

2. Principal Place of Business
21: 10110 HORACE AVENUE
22: Suite, Apt. #, etc.
23: City & State: TAMPA, FLORIDA
24: Zip: 33619
25: Country: U.S.

2a. Mailing Address
26: 10110 HORACE AVENUE
27: Suite, Apt. #, etc.
28: City & State: TAMPA, FLORIDA
29: Zip: 33619
30: Country: U.S.

4. FEI Number: 59-3264018 ☐ 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

HOBBS, ROBERT S ESQUIRE
3719 SWANN AVENUE
TAMPA FL 33609

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHEUNG, JERRY	12 NAME	
STREET ADDRESS	2305 ELM SPRING WAY	13 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40515	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☑ Change ☑ Addition
NAME	HOBBS, ROBERT S	22 NAME	ALBERT P.K. CHEUNG
STREET ADDRESS	3719 WEST SWANN AVENUE	23 STREET ADDRESS	ROOM 1711 SHUN TAK CENTER, 200 CONNAUGHT ROAD, C.
CITY-ST-ZIP	TAMPA FL 33609	24 CITY-ST-ZIP	HONG KONG
TITLE		31 TITLE	D ☐ Change ☑ Addition
NAME		32 NAME	BISCOPE INVESTMENT LIMITED
STREET ADDRESS		33 STREET ADDRESS	CARIBBEAN CORPORATE SERVICES, P.O. BOX 362
CITY-ST-ZIP		34 CITY-ST-ZIP	ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jerry Cheung 4-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

JERRY CHEUNG — Daytime Phone # 813-661-2828

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