

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000060125 (0)

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



Principal Place of Business: **10100 HORACE AVE TAMPA FL 33619 US**
Mailing Address: **10110 HORACE AVE TAMPA FL 33619 US**

3. Date Incorporated or Qualified: **08/26/1993**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3264018	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
29	30		

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
85	Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD CHEUNG, JERRY	12 NAME	CHEUNG, JERRY
STREET ADDRESS	2305 ELM SPRING WAY	13 STREET ADDRESS	10110 HORACE AVE
CITY-STATE-ZIP	LEXINGTON KY 40515	14 CITY-STATE-ZIP	TAMPA, FL 33619
TITLE	<input checked="" type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CHEUNG, ALBERT P.K.	22 NAME	VP YIP, KING-HANG
STREET ADDRESS	200 CONNAUGHT RD C, RM 1711 SHUN TAK CENTR	23 STREET ADDRESS	10110 HORACE AVE.
CITY-STATE-ZIP	HONG KO	24 CITY-STATE-ZIP	TAMPA, FL 33619
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	DIRECTOR CHEUNG, PING CHEONG
STREET ADDRESS		33 STREET ADDRESS	10110 HORACE AVE
CITY-STATE-ZIP		34 CITY-STATE-ZIP	TAMPA, FL 33619
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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)(k), 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 **JERRY CHEUNG, PRESIDENT** 3-11-96 813-661-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)