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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

Principal Place of Business

P93000076816 (6)

Mailing Address

FLJ MANAGEMENT COMPANY, INC.



177 US F TEQUESTA US			177 US HIGHWAY 1 TEOUESTA FL 33469 US							
						3. Date Incorporated or Qualified 11/05/1993	3a. Date	5/01/	1995	
2. Principal Pk	ace of Business	2a. Mailing Add 26	2a. Mailing Address 26			4. FEI Number 65-0458525	.1		Applied For Not Applicable	
Suite, Apt. (		27				5. Certificate of Status Desired			5 Additional Required	
City & State	······································	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	Cour 30	itry		8. This corporation has liability for i Florida Statutes Yes	□No		s 199.032,	
	g. Name and Address of Current	t Registered Agent		81	Name	10. Name and Address of New R	egistered /	\gent		
ALIANIELLO, JEFFREY L 177 US HIGHWAY 1					82 Street Address (P.O. Box Number is Not Acceptable)					
					Street Addres	SS (M.O. BOX Number is Not Acceptab	· · · · · · · · · · · · · · · · · · ·			
TEQUE	ESTA FL 33469			83						
				84	Crty		FL	<b>85</b> Z	'ıp Code	
or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	ia. Such change was	authorized by the co	ochc ve-u	anied corporation's board	tion submits this statement for the pur Lof directors. Thereby accept the appe	pose of cha pintment as	nging its registere	registered office d agent 1 am	
SIGNATI IRE	th, and accept the obligations of, Section.		•,		-					
12.	Signature, typed or professionary of registers Lagratic  OFFICERS AND		No't fregulered.	Agren	Signal for required a	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECT	ORS IN 12	
TITLE	D	DE		 [.£				Change	and the second of the second	
NAME	ALIANIELLO, JEFFREY L 177 US HIGHWAY 1		1.2 NA	ME						
STREET ADDRESS	TEQUESTA FL 33469		1380	REELA	ADORESS					
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NAME	1		4.2 NA	MÉ			-	<b>.</b>		
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TITLE		☐ DE	LETE 6.1 TH	ILE				Change	Add tion	
NAME			6.2 NA	Mξ						
STREET ADDRESS	1									
			63519	BEET.	ADDRESS					

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(5)(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: Deffre & alianiello JEFFREY L. ALIANIONE 6.13-96