Not Applicable

\$8.75 Additional

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000003514 i

AJW ASSOCIATES, INC.

Mailing Address

2a. Mailing Address

26 1650 56

Suite, Apt. #, etc.

1776 S.E. LOTH STREET FT. LAUDERDALE FL 33316

Suite, Apt. #, etc.

2. Principal Place of Business
21 1650 SE7 5 5 5

Principal Place of Business

4776 S.E. JOTH STREET FT. LAUDERDALE FL 33316

FILED Sep 01, 1999 8:00 am Secretary of State 09-01-1999 90012 016 ***550.00

))
DO NOT WRITE IN T	THIS SPACE
ate Incorporated or Qualified	
01/13/1994	
l Number	Applied For

3. Da

65-0493005

- I PROBLOBI) KAN PERKA DENKE BURKE PUKEN NERKA DARKE PAKAN KEPA PERKE PERKE PERKE PERKE PERKE PERKE PERKE PER

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	J \$6./3 Additional Fee Required	
22 City & State 23 Ft. L	malerdale	City & State 28 Ft. Lander de	le	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 333		29 33316 30	S us	This corporation owes the current y Intangible Personal Property.	Yes 🔀 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
WILLIAMS, RAY M			81 Name			
WILLIAMS, NAT M 1778-S.E. 107H STREET			82 Street Address (P.O. Box Number is Not Acceptable)			
				1650 5 7 5 Steel		
63						
			84 City 17 L	aulerble	FL 85 Zip Code 33316	
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	Signatule, typed or printed name of registered agent :	and title if applicable. (NOTE:	Registered Agent signature re-	quired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE	-	Change Addition	
NAME	WILLIAMS, RAY M		1.2 NAME		Í	
STREET ADDRESS	1776 S.E. 10TH STREET		1.3 STREET ADDRESS		}	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-ST-ZIP			
TITLE	DV	DELETE	2.1 TITLE		Change Addition	
NAME	WILLIAMS, SUSAN S		2.2 NAME			
STREET ADDRESS	1776 S.E. 10TH STREET	•	2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	···	2.4 CITY-ST-ZIP	,		
TITLE		☐ DELETE	3.1 TITLE		Change Addition (
NAME		į	3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		·	3.4 CITY-ST-ZIP			
TITLE		L DELETE	4 1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME .	n sangsa i gregorji i gjastji		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

th Street

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.

SIGNATURE: