2000 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # **P94000003514** AJW ASSOCIATES, INC. 05-19-2000 90082 031 ***150.00 Principal Place of Business Mailing Address 1650 SOUTHEAST 7TH STREET 1650 SOUTHEAST 7TH STREET FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-1402 US 2. Principal Place of Business 3. Mailing Address 15 CORDOUR 715 CORTIBUA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0493005 Not Applicable \$8.75 Additional 5 Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, RAY M Street Address (P.O. Box Number is Not Acceptable) 1650 SOUTHEAST 7TH STREET FT. LAUDERDALE FL 33316 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition 🔀 Change TITLE ☐ Delete WILLIAMS, RAY M NAME 715 CORDOVA Rd. Ft banker dale 78, 33316 STREET ADDRESS 1776 S.E. 10TH STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Addition ☐ Defete TITLE TITLE WILLIAMS, SUSAN S NAME NAME 715 CORDOVARD. 1776 S.E. 10TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33316 Addition_ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR