

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000014089

1. Corporation Name
A J K OF ORLANDO INC

Principal Place of Business
**P.O. BOX 1751
 APOPKA FL 32704**

Mailing Address
**P.O. BOX 1751
 APOPKA FL 32704**

2. Principal Place of Business

21 Suite, Apt #, etc
 22 City & State
 23 Zip Country
 24

2a. Mailing Address

26 Suite, Apt #, etc
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

**JAMAL, AKBER M
 3015 WINDCHIME CIRCLE W.
 APOPKA FL 32704**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required for all registrations)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	JAMAL, AKBER M	
STREET ADDRESS	3015 WINDCHIME CIRCLE W.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP
 21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP
 31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP
 41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP
 51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP
 61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

600002861346-5
 -05/04/99-01018-002
 ****150.00 ****150.00

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Dayton - Form 8

FILED
 99 MAY -3 PM 3:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

4. FEI Number

59-3224418

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 owes the current year Intangible Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

0083164

CR2E034 (11/98)

Handwritten signature and date: 5/3/99