FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000019722 (5)**

1. Corporation Name
AJC VENTURES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% FUCHS JONES & MORRIS 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	% FUCHS JONES & MORRIS 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1388 Sailboat Circle	26 1388 Sailboat Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Wellington, Fl.	City & State 28 Wellington, Fl.
Zip / Country 24 33414 / 25 Palm Beach	Zip / Country 29 33414 / 30 Palm Beach

4. FEI Number: 65-0481044 260212 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORRIS, ROBERT
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 32301

10. Name and Address of New Registered Agent

81 Name: Alta E. Casler
82 Street Address (P.O. Box Number is Not Acceptable): 1388 Sailboat Circle
83
84 City: Wellington FL 85 Zip Code: 33414

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: Alta E. Casler DST — Alta E. Casler — 4/21/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mailing. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	CASLER, PAMELA S	12 NAME	CASLER, PAMELA S	
STREET ADDRESS	% 590 ROYAL PALM BEACH BLVD.	13 STREET ADDRESS	1388 SAILBOAT CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	14 CITY ST ZIP	WELLINGTON, FL 33414	
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	CASLER, JACK H	22 NAME	CASLER,JACK H	
STREET ADDRESS	% 590 ROYAL PALM BEACH BLVD.	23 STREET ADDRESS	1388 SAILBOAT CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	24 CITY ST ZIP	WELLINGTON, FL 33414	
TITLE	DST	31 TITLE	DST	☒ Change ☐ Addition
NAME	CASLER, ALTA	32 NAME	CASLER, ALTA	
STREET ADDRESS	% 590 ROYAL PALM BEACH BLVD.	33 STREET ADDRESS	1388 SAILBOAT CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	34 CITY ST ZIP	WELLINGTON, FL 33414	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST 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: Jack H. Casler DV — Jack H. Casler — 4/26/95 — 407-793-9580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0281066 CP