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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000019722 (5)

AJC VENTURES, INC.

**FILED** May 23 1997 8:00am Secretary of State



	e of Business		Mailing Ad	drace						
1388 SAILBOA			1388 SAILB							
590 ROYAL PA	ALM BEACH BLVD.		590 ROYAL	PALM BEACH						
WELLINGTON I US	rl 33414		WELLINGTO US	IN FL 33414-5:	<b>024</b>		Date Incorporated or Qualified     03/11/1994		of Last F	leport
	lace of Business		2a. Mailing	Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	, , , , , , ,		oplied For
	Sailboa	t Cir.		3 Sail	boat (	Cir.	65-0481044		_ N	ol Applicable
Suite, Apt.			27	.pt. #, etc.			6. Certificate of Status Desired	X		Additional equired
City & Stati		_1	City & S				6. Election Campaign Financing	PPR	\$5.00	May Be
23 Well	ington,	F.L.	28 WELL	Lington	Counti		Trust Fund Contribution	<u> </u>		to Fees
24 3341	<u></u>	•		1.4		•	This corporation has liability for Florida Statutes	intangible ta Yes		. 199.032,
24 2241		alm Beach			ISUPALI	n Beach	10. Name and Address of New R			
Al T	A E. CASLER				8	1 Name		•		<u>-</u>
	A E. CASLER 8 SAILBOAT CII	2			ļ <u>.</u>					
	LINGTON FL 3				8:	2 Street Add	ress (P.O. Box Number is Not Accepta	pje)		
7761		VI   T			8:	3		·····		
					<u> </u>	<del> </del>				~
					8	4 City		FL	85 Zip	Code
11. Pursuant	to the provisions	of Sections 607.0502	2 and 607.1508.	Florida Statu	tes, the abo	ve-named corr	poration submits this statement for the		hanging i	ts retristered
office or r	egistered agent, o	or both, in the State	of Florida, Such	change was	authorized t	by the corpora	poration submits this statement for the tion's board of directors. I hereby acce	pt the appoi	ntment as	registered
	rn ramiliar whn, ar	id accept the conga	10013 01, 000101	1007.0303,11	Onda Sialuli	es.				
SIGNATURE:		led name of registered ager					ired when reinstating)	DATE		***************************************
	Signature, typed or prin		nt and title if applicable					DATE		RS IN 12
SIGNATURE:	Signature, typed or prin	of rame of registered age OFFICERS AND	nt and title if applicable		TE: Registered A	gent signature requi	ired when reinstating)	DATE CERS AND D		
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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

561-793-9508