

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

1996 MAY -1 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021071 (3)

1. Corporation Name

AJF OF MIAMI, INC.

Principal Place of Business

100 SE 32nd Road  
Suite 506  
Miami, FL 33129-2807  
US

Mailing Address

1080 N. Delaware Avenue  
Suite 506  
Philadelphia, PA 19125

000001803460  
-05/01/96--01077--021  
\*\*\*200.00 \*\*\*200.00

2. Principal Place of Business

21 7685 Debeaubien Dr.

Suite, Apt. #, etc.

22

City & State

23 Orlando, Florida

Zip

24 32835

Country

25 Orange

2a. Mailing Address

26 201 East Pine Street

Suite, Apt. #, etc.

27 1200

City & State

28 Orlando, Florida

Zip

29 32801

Country

30 Orange

9. Name and Address of Current Registered Agent

Markin, Stewart A.  
Rivergate Plaza, Suite 300  
444 Brickell Avenue  
Miami, FL 33131

3. Date Incorporated or Qualified

3/15/94

3a. Date of Last Report

5/1/95

4. FEI Number

23-2760426

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

10. Name and Address of New Registered Agent

81 Name

82 Marshall, Byrd F., Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)

83 Gray, Harris & Robinson, P.A.

201 East Pine Street, Suite 1200

84 City

Orlando

FL

85 Zip Code

32801

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

*Byrd F. Marshall, Jr., Esq.*

Byrd F. Marshall, Jr., Esq.

4/30/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME Filiti, Anthony J.  
STREET ADDRESS 1080 N. Delaware Ave., Suite 506  
CITY-ST-ZIP Philadelphia, PA 19125

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D/P/T/S  
1.3 STREET ADDRESS Stallone, Sylvester  
1.4 CITY-ST-ZIP 7685 Debeaubien Drive  
Orlando, FL 32835

2.1 TITLE AS ☐ Change ☒ Addition

2.2 NAME Rosenberg, David  
2.3 STREET ADDRESS 7685 Debeaubien Drive  
2.4 CITY-ST-ZIP Orlando, FL 32835

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*David Rosenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Rosenberg 4/30/96 (407)299-9450

Date

Daytime Phone #

CR2E034 (12/95)