


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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000027166 (5)**

1. Corporation Name

A. J. NIELSEN ENTERPRISES, INC.



Principal Place of Business 8800 SR 52 HUDSON FL 34667 US	Mailing Address 8800 SR 52 HUDSON FL 34667 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1994

2. Principal Place of Business 21 7605 Row Boat Cir Suite, Apt. #, etc. 22	2a. Mailing Address 26 7605 Row Boat Cir Suite, Apt. #, etc. 27
City & State 23 Hudson FL	City & State 28 Hudson FL
Zip 24 34667	Country 25 PASCO
Zip 29 34667	Country 30 PASCO

4. FEI Number

59-3234352

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

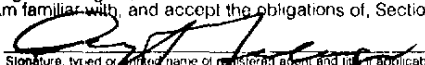
**NIELSEN, AUGUST JR
7705 SYLVAN DR
HUDSON FL 34667**

10. Name and Address of New Registered Agent

81 Name	NIELSEN, August Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	7605 Row Boat Cir
83	
84 City	Hudson
85 Zip Code	FL 34667

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

President

August Nielsen Jr.

3-19-98

(NOTE: Registered Agent signature required when reinstating)

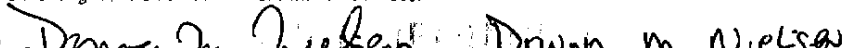
DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	NELSON, AUGUST JR
STREET ADDRESS	7705 SYLVAN DR
CITY-ST-ZIP	HUDSON FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	NIELSON, DONNA M
STREET ADDRESS	7705 SYLVAN DR
CITY-ST-ZIP	HUDSON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:



2-19-98

012-317-2223

CR2E034 (10/97)