**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOC	UМ	ENT	#
	CIVI	L 1 4 1	77

P94000041305 (1)

AJG, (	INC.				
Principal Place o	f Business	Mailing Address			azer matri ditrir Athan trada bilbi Satit! Soli 188
1220 S ATLANTIC AVE DAYTONA BEACH FL 32118		1220 S ATLANT Daytona bead			
				3. Date Incorporated or Qualified 06/02/1994	3a. Date of Last Report 02/20/1995
2. Principal Plac	e of Business	<b>2a.</b> Mailing Address		4. FEI Number	Applied For
Suite, Apt. #,	oto	26	······································	59-3246246	Not Applicable
2	BIG.	Suite, Apt. #, etc		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>(</sub> ρ	Country	8. This corporation has liability for i	
4	25	29	30	1	□ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent
11. Pursuant to or registered familiar with SIGNATURE 222	eviced somme	Maria Y. G	83 84 Orty Por atutes, the above named corpor lorized by the corporation's boar utes 80000001477 666	t Orange, ation submits this statement for the pur d of directors. Thereby accept the appointment of the purious of the control of the contro	FL 85 Zip Code 32110  pose of changing its registered officient as registered agent. Lam
12.		ND DIRECTORS	drift. From fored Agent is greature required.	ADDITIONS/CHANGES TO OFF	(VATE
TITLE	P	DELETE	1 : TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	GONZALEZ, ALBERTO J.	_	1.2 NAME		January January
STREET ADDRESS	1010 SUTTON CIRCLE #	63	1.3 STREET ADDRESS	3439 Gaveson Ct.	
DITY-ST-ZIP	DAYTONA BEACH FL				2119
MLE	ST	🔀 DELETE	2 1 TITLE		Change Addition
IAME	GONZALEZ, JUAN F.		2.2 NAME		
SZBROCA FBBRTS	104 WELLINGTON DR.		2.3 STREET ADDRESS		
11 Y - S1 - Z1F1 ITLE	DAYTONA BEACH FL	DELETE	2 4 CITY - ST - ZIP		
AME		[] Derest		ST	Change Addition
TREET ADDRESS			3.3 STREET ADORESS	Gonzalez, Maria Y.	
:ITY - ST - ZIF				3439 Gaveson Ct.	2110
ITLE		DELETE	4 1 TILE	Port Orange, FL 3	2119 Change Addition
IAME			4 2 NAME		
TREET ADDRESS			4.3 STHEEF ADDRESS		
STY-ST-ZIF			4.4 City - St - ZiF		
THE		DELETE	5 1 TITLE	00000181	Change Addition
IAME			5.2 NAME	00000181 -05/13/96010	149006
TREET ADDRESS			5 3 STREET ADDRESS	***200.00	
STY-ST-ZIF		(	5 4 CITY - ST - ZIP		50.00
ITLE JAME		DELETE	6 1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIF			6.3 STREET ADDRESS 6.4 CITY+ST-ZIP		
14. I do hereby ocertify that the oath; that I a	te information indicated on this an	nual report or supplemental Joration or the receiver or tro	furnished and does not qualify fo annual report is true and accurati ustee empowered to execute this	or the exemption stated in Section 1190 te and that my signature shall have the preport as required by Chapter 607, Fig.	causa logal officet on it made under

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4-8-96 3579290

CR2E034 (12/95)