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

**PROFIT CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # P9400061103 (5) 1. Corporation Name									
A J REAL ESTATE HOLDING COMPANY, INC.									
Principal Place of Business		Mailing Address				T THE PROPERTY OF THE PROPERTY	BERRY BERRY BILL	11 HUEL II	186 <b>51115</b> 166 1 <b>61</b>
6501 W. COMMERCIAL BLVD. Tamarac Fl 33319 US		6501 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33319			a Data Incompanied - Control	Tan Pro-	nt see	Pagest	
						3. Date Incorporated or Qualified 08/16/1994	3a. Date (	of Last <b>/03/1</b>	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	<u> </u>	<del>- 1'</del>	Applied For
21		26				65-0541086		上	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		, -	75 Additional e Required
City & State		City & State				Election Campaign Financing     Tourt Fund Contribution		\$5.	.00 May Be
Zip	Country	Zip Country			<del></del>	Trust Fund Contribution  8. This corporation has liability for i			ded to Fees
24	25 Country	29	30	~ #		,	ntangioie tax □ No	. u iuti	J 100.00Z
	g, Name and Address of Current	11				10. Name and Address of New R	egistered A	gent	
Frankên, Charles D				31	Name				
HANKEN, CHARLES U 8181 W. BROWARD BLVD.			[8	12	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
SÖTTE 36	60		8	33				<del></del>	<u> </u>
PLANTA	TION FL 33324		8	34	City			85	Zip Code
11 Duranat	) the provisions of Continue 607 0000 -	ind 607 1509 Elected Cont.	ac the char	<u>Ţ</u>		ion submite this statement for the	FL.		•
or registere	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida b, and accept the obligations of Section	ı. Such change was authoriz	ed by the co	o-ni vpo	ameu corporal xation's board	of directors. Thereby accept the appx	pose of char pintment as r	rying it egister	ം ഘ്യാട്യലേക്ക് office ed agent. I am
	h, and accept the obligations of, Section	in our lucus, Fiorida Statutes	ı.						
	Signature, typoid or printed name of registered agent ar			gonl	signature required v	<del></del>	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	· · · · · · · · · · · · · · · · · · ·		<del></del>
TITLE NAME	PST Goldstein, David	☐ DELETE	1. 1 TISL				L	Chang	e 🔲 Addition
NAME STREET ADDRESS	6501 W. COMMERCIAL BLVD.		1.2 NAM 1.3 STRE	-	address				
CITY-ST-ZIP	TAMARAC FL		14 CITY						
TITLE		☐ DELÉTE	2. 1 TITL					] Chang	e 🔲 Addition
NAME			22 NAM	1E					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	24 City		-7IP			Cher	A [T] ####-
TITLE NAME		☐ nerele	3 1 TITL 3.2 NAM				Ľ	) Chang	e 🔲 Addition
NAME STREET ADDRESS				-	ADORESS				
CITY - ST - ZIP			3.3 STN						
TITLE		☐ DELETE	4. 1 TiTL					) Chang	e Addition
NAME			4.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETÉ	4.4 CHY 5 1 TiTL		- ZIP			Change	e
NAME			5 1 TITL 5 2 NAM				L	1 AHRING	~ 🗆 \u000000
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6 1 TITL	_		100001846	1010	Change	Addition
NAME			6 2 NAM			100001846 -05/31/9601048-	-023	į	5/.
STREET ADDRESS					ADORESS	***200.00			11 32
City-St-ZiP	certify that the information supplied wi	th this filing is voluntarily from	6.4 CITY				77(3)(L) Flori	da Stot	tutes I further
certify that	the information indicated on this annual am an officer or director of the corpora	I report or supplemental anni	ual report is t	true	e and accurate	and that my signature shall have the	same legal e	ffect as	s if made under

appears in Block 12 or Block 13 rohanged, or on an attachment with an address.

SIGNATURE: 🗸

NO TYPED OR PHINNED NAME OF SIGNING OFFICER OR DIRECTOR

14/29/96 305-726-0346
Date Prone 6