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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400067753

1. Corporation Name

Principal Place of Business

AJES CORP. OF FLORIDA

5336 SEA BISCUIT ROAD PALM BEACH GARDENS FL 33418 US		5336 SEA BISCUIT ROAD PALM BEACH GARDENS FL 33418 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1994		
2. Principal P	ace of Business	2a. Mailing Address				lied For	
21		26			65-0518476 Not.	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Ac	Iditional	
22	· ,	27			5. Certificate of Status Desired	uired	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution St.00 N Added to	- 1	
Zip	Country	Zip 30	Country	1	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes	ZNo	
24	25 9. Name and Address of Current				10. Name and Address of New Registered Agent	=	
	5. Name and Address of Garant	Trogration of Figure	81	Nam			
KOC	HMAN, RONALD		-		A COLUMN TO THE PROPERTY OF TH		
5336	S SEA BISCUIT ROAD		82	Stree	et Address (P.O. Box Number is Not Acceptable)		
PALI	W BEACH GARDENS FL 33418		83				
			84	City	FL 85 Zip Co	ode	
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	if Florida. Such change was autho	orized by	the cor	ed corporation submits this statement for the purpose of changing its ru progration's board of directors. I hereby accept the appointment as regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	pistered Agen	nt signatur	re required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	PSD	☐ DELETE	1.1 TITLE		[] Change	Addition	
NAME	KOCHMAN, RONALD S		1.2 NAME				
STREET ADDRESS	5336 SEA BISCUIT ROAD	440	1.3 STREET		SS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	418	1.4 CITY-S	T-ZIP	Change	Addition	
TITLE	VTD VTD	C) DELETE	2.1 TITLE		Griange		
NAME	KOCHMAN, DEBRA N 5336 SEA BISCUIT ROAD		2.2 NAME 2.3 STREET				
STREET ADDRESS	PALM BEACH GARDENS FL 33	410	2.4 CITY-S		55		
CITY-ST-ZIP TITLE	FALM BEACH GARDENS IE 33	DELETE	3.1 TITLE	1-23	Change	Addition	
NAME		<u></u>	3.2 NAME				
STREET ADDRESS			3.3 STREET	r addres	ss		
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
TITLE		☐ DELETE .	4.1 TITLE		☐ Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	TADDRES	ss	,	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME			ļ	
STREET ADDRESS			5.3 STREET		SS		
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	T-ZIP	Change	Addition	
TITLE		☐ DELETE	6.2 NAME		☐ Change	☐ Vilaision	
NAME				r annoco	ee l	{	
STREET ADDRESS	İ		6.3 STREET	I AUUKES	30 j		

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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



May 05, 1999 8:00 am Secretary of State

05-05-1999 90038 041 ***150.00

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