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

DOCUMENT # P95000041682

1. Corporation Name

ATJ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3440 NE 192 ST. #2-J NORTH MIAMI BEACH, FL 33180	3440 NE 192 ST. #2-J NORTH MIAMI BEACH, FL 33180

3. Date Incorporated or Qualified: MAY 25, 1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 PO BOX 820483	26 PO BOX 820483
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SOUTH FLORIDA FLORIDA	28 City & State: SOUTH FLORIDA, FLORIDA
24 33082-0483	29 Zip: 33082-0483
25 Country: USA	30 Country: USA

4. FEI Number: 65-0588470 ☐ 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

9. Name and Address of Current Registered Agent

GAIL JACOBS
3440 NE 192 ST. #2-J
NORTH MIAMI BEACH, FL 33180

10. Name and Address of New Registered Agent

81 Name: GAIL ADDLESTONE
82 Street Address (P.O. Box Number is Not Acceptable): 15723 NW 10 STREET
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33028

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: Gail Addlestone GAIL ADDLESTONE 3/31/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P/T	☐ DELETE	1.1 TITLE	D/P/T	☑ Change ☐ Addition
NAME	ADAM T. JACOBS		1.2 NAME	ADAM T. JACOBS	
STREET ADDRESS	3440 NE 192 ST. #2-J		1.3 STREET ADDRESS	15723 NW 10 STREET	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180		1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	D/S	☑ DELETE	2.1 TITLE	D/S	☐ Change ☑ Addition
NAME	GAIL JACOBS		2.2 NAME	GAIL ADDLESTONE	
STREET ADDRESS	3440 NE 192 ST. #2-J		2.3 STREET ADDRESS	15723 NW 10 STREET	
CITY-ST-ZIP	N. MIAMI BEACH, FLORIDA 33180		2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	500001774795	☐ Change ☐ Addition
NAME			6.2 NAME	-04/10/96--01013--010	
STREET ADDRESS			6.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Adam T. Jacobs ADAM T. JACOBS 3/31/96 (954)438-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Amy 4-9-96