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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000068671 (3) **DOCUMENT #**

JAJ INC.

Principal Place of Business

Mailing Address

FILED Feb 25 1998 8:00am Secretary of State



4823 NW 66 AVE FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 21 65-0608360 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 No. 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOSTER, JERRY 4823 NW 66 AVE 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33319 83 Zip Code 85 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 Floridal 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 THLE Change FOSTER, JERRY D NAME 1.2 NAME 4823 N.W. 66TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33319 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP DELE1E Addition TITLE 5.1 TITLE Change

14. Thereby certify that the information specified with this fifth 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 color) 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 of the receiver or tradice emported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supple officer or director of the corporation of Block 12 or Block 13 if changed, or of

5 2 NAME

6 1 TITLE

6.2 NAME

DELETE

5 3 STREET ADDRESS

6 3 STREET ADDRESS

54 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY-ST-ZIP

Change

Addition