**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

APPROVED AND FILED
96 AUG 23 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000070724 (6)**

1. Corporation Name
**ALLJAY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1440 JOHN F. KENNEDY CAUSEWAY STE 301<br>NO. BAY VILLAGE FL 33141 | 1440 JOHN F. KENNEDY CAUSEWAY STE 301<br>NO. BAY VILLAGE FL 33141 |

3. Date Incorporated or Qualified: 09/11/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: [✓] 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

**KAUFMAN, DAVID S**
**6360 SW 84TH STREET**
**MIAMI FL 33143-8029**

10. Name and Address of New Registered Agent

81 Name: CLIFFORD Y PIERCE CPA
82 Street Address (P.O. Box Number is Not Acceptable): 1440 J.F. KENNEDY CSWY #301
83
84 City: NORTH BAY VILLAGE FL 85 Zip Code: 33141

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: Clifford Y Pierce CPA — CLIFFORD Y PIERCE 8/18/96
(Signature of Registered Agent) (Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | [✓] DELETE |
| NAME | PIERCE, CLIFFORD Y | |
| STREET ADDRESS | 1440 JOHN F. KENNEDY CAUSEWAY STE 301 | |
| CITY-ST-ZIP | NO. BAY VILLAGE FL 33141 | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | | [ ] Change [ ] Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | PRESIDENT/DIRECTOR | [ ] Change [✓] Addition |
| 22 NAME | JOSEPH CAIAZZO | |
| 23 STREET ADDRESS | 1440 79TH STREET CSWY #304 | |
| 24 CITY-ST-ZIP | NORTH BAY VILLAGE FL 33141 | |
| 31 TITLE | | [ ] Change [ ] Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | [ ] Change [ ] Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | [ ] Change [ ] Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | [ ] Change [ ] Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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-08/27/96--01105--012
****375.00 ****375.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this form is voluntarily furnished and 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] JOSEPH CAIAZZO 8/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date)