

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000074669 (9)**

1. Corporation Name

AHJKS GROUP, INC.



Principal Place of Business

**205 ROLLINGWOOD TRAIL
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**205 ROLLINGWOOD TRAIL
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**RUBINO, NICHOLAS J
RUBINO, PEPPLER & ASSOCIATES, INC.
605 VERMILION DRIVE, SUITE 100
MAITLAND FL 32751 *******

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

N/A

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

159 Lookout Place

83

Suite 101

84

Maitland

FL

85

**Zip Code
32751**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Nicholas J. Rubino

Date Registered Agent signature posted to the filing

April 11, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D REINHARTZ, HAROLD R**
STREET ADDRESS **205 ROLLINGWOOD TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME **D REINHARTZ, AUDREY C**
STREET ADDRESS **205 ROLLINGWOOD TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 199.07(9)(b), 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 a 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:

Harold R. Reinhartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold R. Reinhartz, President

4/11/96
Date

(407)-788-2003

Exempt & Feeless

CR2E034 (12/95)