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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000080279			
1. Corporation Name A&J OF TAMPA, INC.			
Principal Place of Business 201 NORTH FRANKLIN STREET SUITE 2100 TAMPA FL 33602		Mailing Address 201 NORTH FRANKLIN STREET SUITE 2100 TAMPA FL 33602	
2. Principal Place of Business 21 3512 CROAKER DRIVE Suite, Apt. #, etc. 22 City & State 23 SPRING HILL, FL. Zip Country 24 34607 25		2a. Mailing Address 26 3512 CROAKER DRIVE Suite, Apt. #, etc. 27 City & State 28 SPRING HILL, FL. Zip Country 29 34607 30	
9. Name and Address of Current Registered Agent SHOEVERS, OLIN G ESQ. 201 NORTH FRANKLIN STREET SUITE 2100 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name BUSINESS MANAGEMENT ACCOUNTING SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable) 550 N. RGD ST 83 Suite 300 84 City TAMPA FL 85 Zip Code 33609-1013	
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 <u>Business Management Accounting Services, Inc.</u> DATE <u>3-29-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 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	
TITLE NAME STREET ADDRESS 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	
TITLE NAME STREET ADDRESS 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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)