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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

1	ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					
	MENT # P950 0	00089652 (8)			
A & J	PRINTING CORP.			t 100 tel 00 tel 410 te	SA BANIC AGIR: CANA NAKA TANDI ANID AIDI (GA)	
Dringing I Drag	-(D)					
·	Principal Place of Business Mailing Address					
2152 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311 2152 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311						
				3. Date Incorporated or Qualified 11/21/1995	3a. Date of Last Report	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. EEt Number 65-0635556	Applied For Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	Oity & State		Election Campaign Financing Trust Fund Contribution	5.00 May Be	
Z(p	Country 25	Zip 29	Country	8. This corporation has liability for	Added to Fees	
24	9. Name and Address of Currer		30	10. Name and Address of New I		
			81 Name			
SURDOVEL, ANDREW C			82 Street Add	Address (P.O. Box Number is Not Acceptable)		
2152 W OAKLAND PARK BLVD				· · · · · · · · · · · · · · · · · · ·		
FILAU	DERDALE FL 33311		83			
			84 City		85 Zip Gode	
11. Pursuant t	o the provisions of Sections 607,0502	2 and 607.1508, Florida Statute	s, the above-named corpo	ration submits this statement for the pu	rpose of changing its registered office	
or register familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize ion 607.0505, Florida Statutes.	d by the corporation's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	ointment as registered agent. I am	
SIGNATURE _						
12.	Signature, typed or printed name of registered again. OFFICERS AN	end title if applicable. (NOT D DIRECTORS	E: Registered Agent signature require 13.		DATE	
TITLE	PD	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition	
NAME	SURDOVEL, ANDREW C		1 2 NAME			
STREET ADDRESS	ADDRESS 2152 W OAKLAND PARK BLVD 1.3		1.3 STREET ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE FL 33311		1.4 CITY-ST-ZIP			
TITLE	VSTD	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS	2152 W OAKLAND PARK BU FT LAUDERDALE FL 33311	VU	2.3 STREET ADDRESS			
CHIV-SI-ZIP TITLE	PI DAUDENDALE FL 33311	DELETE	2 4 CITY-ST-ZIP			
NAME			3. 1 TITLE		Change Addition	
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		d	
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			
Trile		☐ DELETE	5. 1 TITLE		☐ Change ☐ Addition	
NAME CZOSCI ADDOSCO			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	54 CITY-S1-ZIP 6 1 TITLE		Change Addition	
NAME			62 NAME		C Average C Medition	
STREET ADDRESS			63 STREET ADDRESS			

14. I do hereby certify that the information supplied with this filling 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 of director of this disporation or the receiver or trustee appropriate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 by Block 13 tichingled by on an attachment with an address.

SIGNATURE: