

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000001036 (8)

1. Corporation Name  
AJL ENTERPRISES, INC.

Principal Place of Business  
1547 FLORIDA MANGO ROAD, BLDG. 12, UNIT 5  
WEST PALM BEACH FL 33406

Mailing Address  
13727 ALDESWORTH COURT  
WELLINGTON FL 33414-8949



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1996	3a. Date of Last Report
21		26		4. FEI Number 65-0631880	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				81. Name	August J Lecolant		
				82. Street Address (P.O. Box Number is Not Acceptable)	13727 Aldersworth Court		
				83.			
				84. City	Wellington	FL	85. Zip Code

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 *Augusto J. Lecolant* AUGUSTO J LECOLANT PRESIDENT 02-17-1997  
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LECOLANT, AUGUSTO JULIO			1.2 NAME			
STREET ADDRESS	1547 FLORIDA MANGO ROAD, BLDG. 12, UNIT 5			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33406			1.4 CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LECOLANT, ANDREW J			2.2 NAME			
STREET ADDRESS	1547 FLORIDA MANGO ROAD, BLDG. 12, UNIT 5			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33406			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LECOLANT, MARIA E			3.2 NAME			
STREET ADDRESS	1547 FLORIDA MANGO ROAD, BLDG. 12, UNIT 5			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33406			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Augusto J. Lecolant* (561) 790-2757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)