

FILE NOW: FILING FEE AFTER MAY 1

PROFIT
CORPORATION
ANNUAL REPORT
1999

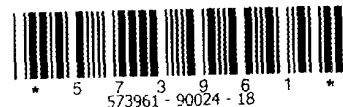


FLORIDA

DIVISION

FILED
Jun 10, 1999 8:00 am
Secretary of State
06-10-1999 90024 018 ***550.00

DOCUMENT - 2

DOCUMENT # **P96000040307**

1. Corporation Name

AJC CONSULTING, INC.

Principal Place of Business

3481 LAKESIDE DR. SUITE 3306
ATLANTA GA 30326

Mailing Address

3481 LAKESIDE DR. SUITE 3306
ATLANTA GA 30326

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

58-2294980

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

3610 PALISADES PARK DR

2a. Mailing Address

Suite, Apt. #, etc.

City & State

DULUTH, GA

City & State

DULUTH, GA

Country

USA

Country

USA

Zip

30096

Zip

30096

Country

USA

8. Name and Address of Current Registered Agent

LIDSKY, CARLOS
145 E 49TH ST
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

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

Signature of officer or director of the corporation, registered agent and fee if applicable

(NOTE: Registered Agent signature required when appointing)

12. 13.

12. OFFICERS AND DIRECTORS

13. ADD/DELETES/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

15. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

16. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

17. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

18. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

19. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

20. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

21. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

22. TITLE

NAME

STREET ADDRESS

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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF FILING OFFICER OR DIRECTOR

5/8/99

404-321-5360

CR2E034 (11/98)

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