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

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DOCUMENT # P96000040307

1. Corporation Name

AJC CONSULTING, INC.

Principal Place of Business	Mailing Address
3481 LAKESIDE DR. SUITE 3306 ATLANTA GA 30326	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 Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3610 PALISADES PKWY DR

22 Suite, Apt. #, etc.

23 City & State: DULUTH, GA

24 Zip: 30096 25 Country: USA

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

84 City 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: (Required for new registered agent and box if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	☐ DELETE
NAME	CAMPOS, ALEX	
STREET ADDRESS	3481 LAKESIDE DR, SUITE 3306	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	☐ DELETE
NAME	CAMPOS, ALEX	
STREET ADDRESS	3481 LAKESIDE DR, SUITE 3306	
CITY-ST-ZIP	ATLANTA GA 30326	
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

13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
14.1 TITLE		☐ Change ☐ Addition
14.2 NAME		
14.3 STREET ADDRESS		
14.4 CITY-ST-ZIP		
15.1 TITLE		☐ Change ☐ Addition
15.2 NAME		
15.3 STREET ADDRESS		
15.4 CITY-ST-ZIP		
16.1 TITLE		☐ Change ☐ Addition
16.2 NAME		
16.3 STREET ADDRESS		
16.4 CITY-ST-ZIP		
17.1 TITLE		☐ Change ☐ Addition
17.2 NAME		
17.3 STREET ADDRESS		
17.4 CITY-ST-ZIP		
18.1 TITLE		☐ Change ☐ Addition
18.2 NAME		
18.3 STREET ADDRESS		
18.4 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 added above or on an attachment with an address, with all other like empowered.

SIGNATURE: 5/8/99 404-321-5360

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

CR2E034 (11/98)