

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 12 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

REINSTATEMENT

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business

21 2756 Calloway Court

Suite, Apt. #, etc.

22

**City & State
Duluth, GA**

**Zip
30096**

**Country
USA**

2a. Mailing Address

26 2756 Calloway Ct

Suite, Apt. #, etc.

27

**City & State
Duluth, GA**

**Zip
30096**

**Country
USA**

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

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. 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

400003582544
-01/26/01--01143--022
FL **550.00**

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, typed or printed name, of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-18-2000

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**2756 Calloway Court
Duluth, GA 30097**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**2754 Calloway Court
Duluth, GA 30097** **LS**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

400003582544
-01/26/01--01143--023
******208.75 ****208.75**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 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 amendment with this address.

SIGNATURE:

SIGNATURE REQUIRED (278) 546-1763 x5901

10-18-2000