**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF COMPORATIONS

**DOCUMENT#** 

A. J., INC.

## FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90004 021 \*\*\*150.00



Principal Place of Business Mailing Address												
2851 SE OCEAN BLVD 2851 SE OCEAN BLVD												
STUART FL 34996				STUART FL 34996				DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualified	E IN 1745	SPACE		
								06/20/1996			}	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number			Applied For	
21			<del>}</del>	26				65-0687032		Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				2			5 Additional	
22				27				5. Certificate of Status Desired		•	Required	
City & State				City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be	
23			28	28				Trust Fund Contribution		Adde	d to Fees	
Zip	Country			Zìp Cou								
24		25	29		30			Intangible Personal Property. Yes No				
9. Name and Address of Current Registered Agent						<del></del>		0. Name and Address of New Registered Agent				
(ANNELLA POCEDIA						81 Name					ì	
IANNELLI, JOSEPH					ξ	2 3	Street Addres	ss (P.O. Box Number is Not Accepta	ble)			
2851 SE OCEAN BLVD												
STUART FL 34996						33						
					Ì	34 (	City			85 Zi	ip Code	
									<u> </u>			
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: Re							nt signature require	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFF	ICERS AND	≒,—	<del>1</del>		
TITLE	PVD			DELETE	1.1 TITLE				L	i Change	e L Addition [	
NAME		J, JOSEPH			1.2 NAM		-				j	
STREET ADDRESS 2851 SE OCEAN BLVD				1.3 STR							,	
CITY-ST-ZIP		FL 34996		<del> </del>	1.4 CITY		Р			<del></del>		
TITLE	STD			DELETE	2.1 TITLE				L	Change	e L Addition	
NAME	IANNELLI, ELIZABETH A					2.2 NAME					,	
STREET ADDRESS		OCEAN BLVD	· -		2.3 STRE			<u> </u>	-		-	
CITY-ST-ZIP	STUARI	FL 34996			2.4 CITY		P	<del></del>		~	<del></del>	
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STREET ADDRESS					3.3 STREET ADDRESS							
CITY-ST-ZIP					3.4 CITY- 4.1 TITLE		P			٦	1 1 1 1 1 1 1 1	
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NAME				☐ DELETE	5.1 IIILE 5.2 NAME				L	Change	e Addition	
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STREET ADDRESS					5.3 STRE						Ì	
CITY-ST-ZIP					5.4 CITY- 6.1 TITLE		<u> </u>		- г	٦		
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NAME					6.2 NAMI		pncee				\	
STREET ADDRESS					6.3 STRE		ľ					
CITY-ST-ZIP	4.6 . 11 . 1 . 1		(L. (C.) - (Cl)	1 10 0 10	6.4 CITY-	-SI-ZIF	<u> </u>	440 07/0\%\ Flacida Clab to 16 m		-1.35		

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 attachment with an address.

Daytime Phone #

p96000053279 7/28/99 599409-90004-2