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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 21 1998 8:00am

Secretary of State

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A & J PUBLISHING, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 14255 US HWY ONE P.O. BOX 827 STE. 241 ISLE OF PALMS SC 29451-0827 JUNO BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3130 PIBNATELLI CRESCENT 65-0687069 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & Stato City & State 6. Election Campaign Financing \$5.00 May Be CHANLESTON, GC 28 Trust Fund Contribution Added to Fees Country $Z_{1}p$ B. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 R4 City 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 Licrida. 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registere Lagoni and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE TITLE 11 TITLE Change Addition JENKINS, MARGARET L NAME 1.2 NAME P.O. BOX 827 N/A STREET ADDRESS 1.3 STREET ADDRESS ISLE OF PALMS SC CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELETE VSD TITLE Change Addition 217015 CUNNINGHAM, DENNIS C NAME 2.2 NAME 14255 US HWY ONE, STE. 241 STREET ADDRESS 2.3 STREET ADDRESS JUNO BEACH FL CITY-ST-ZIP 2 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 51 THUE Change Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 61 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filling 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 chapted on an attachment with an appress.

MEMBELL

**The Company of the corporation of the

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP