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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072345 (7)
1. Corporation Name
STORK DELIVERIES BY A. J., INC.



Principal Place of Business: 3820 LANDLUBBER ST, ORLANDO FL 32812
Mailing Address: 3820 LANDLUBBER ST, ORLANDO FL 32812-7853

3. Date Incorporated or Qualified: 08/23/1996
3a. Date of Last Report: [blank]
2. Principal Place of Business: 12319 S. Orange Blossom Trail, Orlando, FL 32837
2a. Mailing Address: 12319 S. Orange Blossom Trail, Suite 288, Orlando, FL 32837
4. FEI Number: 59-3404297
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CLARK, M. JOAN, 3820 LANDLUBBER ST, ORLANDO FL 32812
10. Name and Address of New Registered Agent: JOAN CLARK, c/o Accounting Plus Tax Service, 12319 S. Orange Blossom Trail, Suite 288, Orlando, FL 32837

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] (NOTE: Registered Agent signature required when reinstating) DATE: [blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DTP	CLARK, M. JOAN 3820 LANDLUBBER ST ORLANDO FL 32812	1.1 TITLE: c/o Accounting Plus Tax Service	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: DSV	CLARK, GREGORY 3820 LANDLUBBER ST ORLANDO FL 32812	1.2 NAME: 12319 S. Orange Blossom Trail	
TITLE: D	DUDENHOEFFER, AUGUST W 1021 W 70TH ST KANSAS CITY MO	1.3 STREET ADDRESS: Suite 288	
TITLE: [blank]	[blank]	1.4 CITY-ST-ZIP: Orlando, FL 32837	
TITLE: [blank]	[blank]	2.1 TITLE: c/o Accounting Plus Tax Service	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: [blank]	[blank]	2.2 NAME: 12319 S. Orange Blossom Trail	
TITLE: [blank]	[blank]	2.3 STREET ADDRESS: Suite 288	
TITLE: [blank]	[blank]	2.4 CITY-ST-ZIP: Orlando, FL 32837	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: [blank]	[blank]	3.1 TITLE: [blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: [blank]	[blank]	3.2 NAME: [blank]	
TITLE: [blank]	[blank]	3.3 STREET ADDRESS: [blank]	
TITLE: [blank]	[blank]	3.4 CITY-ST-ZIP: [blank]	
TITLE: [blank]	[blank]	4.1 TITLE: [blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: [blank]	[blank]	4.2 NAME: [blank]	
TITLE: [blank]	[blank]	4.3 STREET ADDRESS: [blank]	
TITLE: [blank]	[blank]	4.4 CITY-ST-ZIP: [blank]	
TITLE: [blank]	[blank]	5.1 TITLE: [blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: [blank]	[blank]	5.2 NAME: [blank]	
TITLE: [blank]	[blank]	5.3 STREET ADDRESS: [blank]	
TITLE: [blank]	[blank]	5.4 CITY-ST-ZIP: [blank]	
TITLE: [blank]	[blank]	6.1 TITLE: [blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: [blank]	[blank]	6.2 NAME: [blank]	
TITLE: [blank]	[blank]	6.3 STREET ADDRESS: [blank]	
TITLE: [blank]	[blank]	6.4 CITY-ST-ZIP: [blank]	

14. I do 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.

SIGNATURE: [Signature] REQUIRED 4/28/97 (352) 864-8727
DATE: 4/28/97 DAYTIME PHONE: (352) 864-8727

CR2E034 (9/96)