FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96

P96000076793 (4)

AMJO INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



1/15/00 /00/1521-4822

r micipai r iace	O DOSINOSS	Maning Addi	ರಾತ			
8250 CLEARY BLVD #2502 CORAL SPRINGS FL 33324			P O BOX 770041 CORAL SPRINGS FL 33077		DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified 09/16/1996	
2. Principal Pl	ace of Business	2a. Mailing A	ddress		4. FEI Number	Applied For
21		26	├ ¬		65-0701863	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 City & Sta	ata			Fee Required
23	, <u> </u>	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	8. This corporation owes or has paid the c	
24	9. Name and Address of C	29 urrent Registered Age		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
El			···	81 Name	10.	- 71g2
FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE SUITE 900						
Si Si	700		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	IAMI FL 33131			83		
•••				84 City		85 Zip Code
					_F i	
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature typad or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstaling) DATE						
12.	OFFICER	S AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D		DELETE	1.1 DITLE		Change Addition
NAME	roskin, amy			1.2 NAME		
STREET ADDRESS	P O BOX 770041 N/A			1,3 STREET ADDRESS		
DITY-ST-ZIP	CORAL SPRINGS FL 33			1.4 CITY - S1 - ZIP		
TITLE	D		DELETE	2.1 TITLE		Change Addition
NAME	RICHARDS, JOANNE			22 NAME	••	
STREET ADDRESS	P O BOX 770041 N/A	\^ 7 7		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 33		DELETE	2. 4 CITY-ST-ZIP		Change Addition
NAME		L	I DECETE	3.2 NAME		C change C Magnion
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	5 4 CITY-ST-ZIP		Choose Addistra
TITLE		L	DELETE	6.1 TITLE		Change Addition
NAME etheet annocce				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
14. I hereby co	ertify that the information suppl	ied with this filing does i	not qualify for	6.4 CITY-ST-ZIP 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 logal 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.						