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Mar 26 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 # P96000083308 (2)

1. Corporation Name
ARJ ENTERPRISES, INC.



Principal Place of Business
**8231 7 STREET NORTH, SUITE F
 ST. PETERSBURG FL 33702**

Mailing Address
**8231 7 STREET NORTH, SUITE F
 ST. PETERSBURG FL 33702-3635**

3. Date Incorporated or Qualified **10/04/1996** 3a. Date of Last Report **first report**

2. Principal Place of Business
 21 **8231 7 street N**
 22 **F**

2a. Mailing Address
 26 **8231 7 street N**
 27 **F**

4. FEI Number **59-3420724**
 Applied For
 Not Applicable

23 **St. Petersburg, Fl.**
 24 **33702** 25 **USA**

28 **St. Petersburg, Fl.**
 29 **33702** 30 **USA**

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

**JONES-JACHIMSKI, ARETHA
 8231 7 STREET NORTH, SUITE F
 ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Aretha Jones-Jachimski
13 STREET ADDRESS	8231 7 street N. #44
14 CITY - ST - ZIP	St. Petersburg, Fl. 33702
21 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Richard Jachimski
23 STREET ADDRESS	8231 7 street N.
24 CITY - ST - ZIP	St. Petersburg, Fl. 33702
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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: Aretha Jones-Jachimski
 SIGNATURE AND (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/15/97 **813-579-9448**
 Date Daytime Phone #

CR2E034 (9/96)