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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002345

. Corporation Name

A.J. LIMITED GROUP, INC.

Principal Place of Business Mailing Address		Mailing Address			
LARGO FL 33770 LARGO FL 33770		615 N. MISSOURI AVENUE LARGO FL 33770		DO NOT WRITE IN THIS	e edace
US		U\$		3. Date Incorporated or Qualifed 01/06/1997	3 OF ACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-3418753	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	<u>-</u>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 3	Country	This corporation owes the current year Ir Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	24 1	10. Name and Address of New Registered	I Agent
LOVELACE, WILLIAM K ESQ. 2310 WEST BAY DRIVE			81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	GO FL 33770		83		
			84 City	Fi	85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obliga-	2 and 607.1508, Florida Statutes of Florida. Such change was aut ations of Section 607.0505, Florid	s, the above-named corporation to the corporation of the corporation o	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its registered pintment as registered
SIGNATURE	1		tegistered Agent signature required	1/27/99	
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	ADDITIONO, OTTAVOLO TO ST. TOLINO A	☐ Change ☐ Addition
NAME	JULIANO, ANTHONY	_ >	1.2 NAME		}
STREET ADDRESS	615 N. MISSOURI AVENUE		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	LARGO FL 33770		1.4 CITY-ST-ZIP		
TITLE	B # 100 1 E 30/10	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	•	1
TITLE		☐ DELETE	3.1 TITLE	and the second s	☐ Change ☐ Addition
NA M E			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	- Marine	☐ 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 ADORESS			5.3 STREET ADDRESS		J
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· .	, , , , , , , , , , , , , , , , , , , ,
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 supplied ental 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90119 043 ***150.00

Daytime Phone #

32E034 (11/98)