

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046771
Corporation Name

A.J.A.D., INC.

Principal Place of Business
1 THOMAS DR STE 109-112
PANAMA CITY BCH FL 32408

Mailing Address
9851 THOMAS DR STE 109-112
PANAMA CITY BCH FL 32408

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 019 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
25		26		05/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		59-3448069	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	29	30	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BENNETT, DERRICK 112 E THIRD COURT PANAMA CITY FL 32401				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS	D HALL, DESMOND 9851 THOMAS DR STE 109-112 PANAMA CITY FL 32401	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ET ADDRESS	D HALL, ANN 9851 THOMAS DR STE 109-112 PANAMA CITY FL 32401	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ET ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 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: 8/29/99 (852) 235-1935

CR2E034 (5/99)