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

PROFIT CORPORATION ANNUAL: REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthson

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000050457 (5)

AJ COMMUNICATIONS DIVISION, INC.

FILED Sep 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4000 STATE ROAD 7 4000 STATE ROAD 7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıp Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box 82 **CORAL GABLES FL 33134** 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 familial with, and accept the obligations of, Section 607.0505, Florida Statules. ran D. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition DELETE 1.1 TITLE TITLE **BOYER, JOAN D 2E034** NAME 1.2 NAME 14714 FLAMINGO DRIVE STREET ADDRESS 1.3 STREET ADDRESS LOXAHATCHEE FL 33470 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Channe Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition THUE 3.1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP C(1Y-S1-2)F Change Addition TITLE DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Addition TITLE 5.1 DITLE 1000026317**9**1 NAME 5.2 NAME -09/04/98--01014--002 5.3 STREET ADDRESS STREET ADDRESS ***150.00 CITY-S1-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 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.