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

PROFIT CORPORATION ANNUAL REPORT

1998

ION PORT

FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000066165 (6)

LAJ CO.

CITY - ST- ZIP

Principal Place of Business Mailing Address 1255 GULFSTREAM AVE., #1402 1255 GULFSTREAM AVE., #1402 SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/28/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0774542 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 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 LAJOIË, ROBERT E 1255 GULFSTREAM AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) NO. 1402 83 SARASOTA FL 34236-8906 84 Zip Code 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President + Treasurer TITLE DELETE Change Addition 1.1 TITLE NAME Robert E. La Joia 1.2 NAME R2E034 STREET ADDRESS Gulfstream Acc 1.3 STREET ADDRESS apota, FL CITY-ST-ZIP 34236-8906 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME Gulfatream Ave # 1402 STREET ADDRESS 2.3 STREET ADDRESS DITY-ST-ZIP 34334- 8406 2. 4 CITY - ST - ZIP TITL F DELETE 3.1 TITLE Change ☐ Addition Kathryn B. Lancaster NAME 3.2 NAME STREET ADDRESS Gulfsticam Aur 3.3 STREET ADDRESS CITY-ST-ZIP 54236 . 8404 3.4. CITY-ST-ZIP TITLE Prosident DELETE 4.1 TITLE ☐ Change Addition Robert E. La Joie , II NAME 4. 2 NAME 1855 Gulfsteam Ave STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP Sozanda, FL 34336-8966 4.4 City-St-ZiP TITLE DELETE 5.1 THILE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 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 supplemental aroual 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 arachment with an address

6.4 CITY+ST-ZIP