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RODRIGUEZ, DAVIDSON & CO., FAX NO. 8138

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Secretary of State

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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 - 1	
DOCUMENT # <u>P98 000004234</u>					
1. Corporation Name <u>AJ Warehouse Corporation</u>					
Principal Place of Business <u>1900 Craft Street</u> <u>New Port Richey, FL</u> <u>34682-34652</u>			Mailing Address <u>P.O. Box 1532</u> <u>Palm Harbor, FL</u> <u>34682-1532</u>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			3. Date Incorporated or Qualified <u>1/14/98</u> 4. FEI Number <u>65-0804102</u> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. Name and Address of Current Registered Agent <u>Gellady, Andrew M.</u> <u>2901 Pine Hill Rd</u> <u>Palm Harbor, FL 34683</u>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <u>Andrew M. Gellady</u> DATE <u>5/29/99</u>					
12. OFFICERS AND DIRECTORS TITLE <u>PD</u> <input type="checkbox"/> DELETE NAME <u>Gellady, Andrew M.</u> STREET ADDRESS <u>P.O. Box 1532</u> CITY - ST - ZIP <u>Palm Harbor, FL 34682-1532</u>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP					

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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew M. Gellady

Andrew M. Gellady, M. PA 4/25/99 727-848 4878

CR2E034 (11/98)