

07081999-90031-016-\$550.00-\$550.00

AND 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 # P98000027583
 Corporation Name

AJS MORTGAGE CONNECTION, INC.

Principal Place of Business Mailing Address
 CHILLINGWORTH DRIVE 707 CHILLINGWORTH DRIVE
 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1998	
Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number 65-0829837	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAINE, JEFFREY ESQ
 500 S AUSTRALIAN AVE
 STE 120
 WEST PALM BEACH FL 33401

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 Marc Steinberger
 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	
ADDRESS	1. DELETE <input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	2. STEINBERGER, MARC	1.2 NAME	
	3. 707 CHILLINGWORTH DRIVE	1.3 STREET ADDRESS	
	4. WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	
ADDRESS	5. DELETE <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	6. DELETE <input type="checkbox"/>	2.2 NAME	
	7. DELETE <input type="checkbox"/>	2.3 STREET ADDRESS	
	8. DELETE <input type="checkbox"/>	2.4 CITY-ST-ZIP	
ADDRESS	9. DELETE <input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	10. DELETE <input type="checkbox"/>	3.2 NAME	
	11. DELETE <input type="checkbox"/>	3.3 STREET ADDRESS	
	12. DELETE <input type="checkbox"/>	3.4 CITY-ST-ZIP	
ADDRESS	13. DELETE <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	14. DELETE <input type="checkbox"/>	4.2 NAME	
	15. DELETE <input type="checkbox"/>	4.3 STREET ADDRESS	
	16. DELETE <input type="checkbox"/>	4.4 CITY-ST-ZIP	
ADDRESS	17. DELETE <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	18. DELETE <input type="checkbox"/>	5.2 NAME	
	19. DELETE <input type="checkbox"/>	5.3 STREET ADDRESS	
	20. DELETE <input type="checkbox"/>	5.4 CITY-ST-ZIP	
ADDRESS	21. DELETE <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	22. DELETE <input type="checkbox"/>	6.2 NAME	
	23. DELETE <input type="checkbox"/>	6.3 STREET ADDRESS	
	24. DELETE <input type="checkbox"/>	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99

Date

Daytime Phone #

CR2E034 (5/99)

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

07-08-1999 90031 016 ***550.00