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 # P98000083394 1. Corporation Name

AJR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

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

05-08-1999 90017 005 ***150.00



8014 N. HABAN TAMPA FL 336		8014 N. HABANA AVE. TAMPA FL 33614			
				DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 09/28/1998	S SPACE
	lace of Business	2a. Mailing Address	n. 1.4 m	4. FEI Number	Applied For
21 7255	ESTAPONIA CIRCLE	26 670 KENWICK	CIRCLE	59-3535135	Not Applicable
Suite, Apt.	201	Suite, Apt. #, etc. 27 UNIT ZOS		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23 FERN	PARK, TL	City & State 28 CASSELBERRY	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 327-3 0		Zip 29 32707 30	SEMINOLE	This corporation owes the current year In Personal Property Tax.	☐ Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
DIE	so, arthur j jr		81 Nameus S	SO, JR, ARTHUR J.	
	16 N. DALE MABRY HWY.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAMPA FL 33618				KENWICK CIRCLE UNIT	705
IAW	FA FE 33010		83		
			84 City a CC-		85 Zip Code
				FLBERRY FI	L 32707
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida, Such change was auth	the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pintment as 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	(della).02	-). HRTH	IR J. RUSSO	, JR. PRESIDENT	4/30/99
	Signature, typed or printed name of registered agent a OFFICERS AND		gistered Agent signature required		ND DIDECTORS IN 40
TITLE	D OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	RUSSO, ARTHUR J JR 8014 N. HABANA AVE.		1.2 NAME		
STREET ADDRESS	TAMPA FL 33614		1.3 STREET ADDRESS		
CITY-ST-ZIP	IAMPA PL 33014		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
			l l		□ Change □ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CiTY-ST-ZiP 31 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
		C) DELETE			C Change C Modition
NAME STREET ADDRESS			3.2 NAME		
STREET ADDRESS	*•		3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		□ pereie			□ Change □ Addition
i			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
į.		L. VLLLIE	5.1 ITILE 5.2 NAME		
NAME PERFET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
		M DELETE	6.2 NAME		☐ Criange ☐ Addition
NAME	and the state of t				
STREET ADORESS	T. Company		6.3 STREET ADDRESS		
CITY_ST_7IP	*		64 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607.

SIGNATURE:

(407) 740-0856