May 06, 1999 8:00 am Secretary of State

05-06-1999 90077 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000091631

1. Corporation Name

AJ SPECIAL TRANSPORTATION, INC.

Principal Place of Business Mailing Address							
210	2107 MAJESTIC WOODS BOULEVARD 2107 MAJESTIC WOODS BOULEV						
APOPKA FL 32712 APOPKA FL 32712						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						10/27/1998	
2.	Principal Place of Business 2a. Mailing Address					4. FEI Number 3539709 Applied For Not Applicable	
21					·		
Suite, Apt. #, etc.					5. Certificate of Status Desired		
22	City & State City & State						
_	City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	Zip Country					This corporation owes the current year Intangible	
24	, ·	29	29 30			Personal Property Tax.	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
SULAL, ANGELITA				81	Name		
				82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)	
2107 MAJESTIC WOODS BOULEVARD							
APOPKA FL 32712			83				
				84	City	FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
⊢	TLE D			.1 TITLE		Change Addition	
NA	1		.2 NAME				
				3 STREET	ADDRESS		

1.4 CITY-ST-ZIP APOPKA <u>FL 327</u>12 CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407) 095-8311

CR2E034 (11/98)