

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S34944** (6)

1. Corporation Name  
**DAJ AND ASSOCIATES, INC.**



Principal Place of Business: **11806 SW GRAPEFRUIT CT. PALM CITY FL 34990**  
Mailing Address: **11806 SW GRAPEFRUIT CT. PALM CITY FL 34990**

3. Date Incorporated or Qualified: **02/26/1991**      3a. Date of Last Report: **08/18/1995**  
4. FEI Number: **65-0244011**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29  
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country  
26, 27, 28, 29: Suite, Apt. #, etc.; City & State; Zip; Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JAUME, DANNY A.  
11806 SW GRAPEFRUIT CT.  
PALM CITY FL 34990**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of person who controlled the corporation at the time of filing      (NOTE: Registered Agent signature required when changing)      DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b> <input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JAUME, DANNY A.</b>		12 NAME		
STREET ADDRESS	<b>11806 SW GRAPEFRUIT CT.</b>		13 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>		14 CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JAUME, NATALIE H.</b>		22 NAME		
STREET ADDRESS	<b>11806 SW GRAPEFRUIT CT.</b>		23 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>		24 CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JAUME, ERVIN K.</b>		32 NAME		
STREET ADDRESS	<b>14801 NW 2 AVE.</b>		33 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		34 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *Danny A. Jaime*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 (487) 286-1704  
DATE      OFFICER'S PHONE #

CR2E034 (12/95)