## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S58953

(8)

A & J TECHNOLOGIES, INCORPORATED

FILED
Apr 27 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address				I familiain tal milai intia talia hita titi atti atti a	liffre Biffir Biffir fiffir if bi		
4872 COCONUT BLVD P.O. BOX 448							
ROYAL PALM BCH FL 33411 US		LOXAHATCHEE FL 33470		DO NOT WRITE IN THIS SPACE			
03					3. Date Incorporated or Qualified		
					06/10/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0270505	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State		City & State					
		<del>-</del>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
<b>Z</b> ip			try	8. This corporation owes or has paid the			
24	25	29	30	,	Personal Property Tax due June 30.	Yes No	
<del></del>	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
SLA	CK, ARTHUR EDWARD		6	1 Name			
4872 COCONUT BLVD.			-  -	2 Street Ad	eet Address (P.O. Box Number is Not Acceptable)		
	YAL PALM BEACH FL 33411						
			E	<b>3</b>			
			<del> </del>	4 Cily		85 Zip Code	
11. Pursuant t	to <b>the</b> provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida <b>Sta</b> t e of Florida. Such chan <b>ce wa</b>	tutes, the abo s authorized	ove-named co by the corpo	orporation submits this statement for the purpos tration's board of directors. I hereby accept the	e of changing its registered appointment as registered	
agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
12.	Signature, typed or pented name of registering as OFFICERS AN	D DIRECTORS	13.	igeni signature ra	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 TUTL	E T	7.0011010101011111111111111111111111111	Change Addition	
NAME	\$LACK, ARTHUR EDWARD		1.2 NAM	IE		-	
STREET ADDRESS	4872 COCONUT BLVD,		1 3 STRI	EET ADDRESS			
CITY-ST-ZIP	**************************************		14 C(T)	-S1-ZIP			
TITLE	P	DELETE	2 1 THTL			Change Addition	
NAME	<b>SL</b> ACK, MARIBETH		2 2 NAM	IF			
STREET ADDRESS	4872 COCONUT BLVD		2.3 STA	EET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH FL		2 4 011	r-ST-ZIP			
TITLE		☐ DELETE	3 1 TITL	E		Change Addition	
NAME			3 2 NAM				
STREET ADDRESS			3 3 STR	ET ADDRESS			
CITY-ST-ZIP		I DELETE		r-ST-ZIP		Change	
TITLE		☐ DELETE	4.1 TITL			Change Addition	
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS		į	
CITY-ST-ZIP TITLE		DELETE	5.1 TITL	- ST - ZIP		Change Addition	
NAME			5.1 NAM				
STREET ADDRESS			1	ET ADDRESS		Į	
CITY-ST-ZIP				-SI-ZIP			
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition	
NAME		_	6.2 NAM				
STREET ADDRESS				E1 ADORESS			
CITY-ST-ZIP			1	- ST - Z(P			
14 I hereby c	ertify that the information supplied v	with this filling does not qualify	for the exen	nntion stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r 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.							