SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11192

(4)

Mailing Address

A.J. OF BREVARD, INC.

Principal Place of Business

1998

Aug 05 1998 8:00am Secretary of State

FILED



P.O. BOX 166 CAPE CANAVERAL FL 32930			P.O. BOX 166 Cape Canaveral FL 32830				DO NOT WRITE IN THIS S PACE			
								3. Date Incorporated or Qualified		
								02/03/1992		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For		
21			26	<u>[</u> ا				59-3163261 Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced \$8.75 Additional Fee Required		
23	City & State		City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
24	Zip	Country 25	29	Zip	Cour 30	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No		
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent		
POTTS, JOHN H 677 George King Blvd. Port Canaveral Fl 32920						81	Name			
					82	Street Address (P.O. Box Number is Not Acceptable)				
						83				
					84	City	FL 85 Zip Code			
11	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									

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE Change Addition POTTS, JOHN NAME 1.2 NAME 677 GEORGE KING BLVD. 1.3 STREET ADDRESS STREET ADDRESS PORT CANAVERAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Addition Change POTTS, RUTH A 2.2 NAME NAME **677 GEORGE KING BLVD** STREET ADDRESS 2.3 STREET ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE 4.1 TITLE ___ Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE __ Change Addition NAME. 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 an attackment with an address.

SIGNATURE

uthe totto

Ruth A. Ports

7-28-98

407 184-5982

CR2E034 (5/98)