

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

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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G70206 (9)

1. Corporation Name
BJS ENTERPRISES, INC.



Principal Place of Business 1434 PARTERRE DR. WEST PALM BEACH FL 33417	Mailing Address 1434 PARTERRE DR. WEST PALM BEACH FL 33417-5553
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3. Date Incorporated or Qualified 11/16/1983	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 63 PLUMAGE LN Suite, Apt. #, etc.	2a. Mailing Address 26 63 PLUMAGE LN Suite, Apt. #, etc.
22 City & State 23 W. Palm Beach, FL	27 City & State 28 W. Palm Beach, FL
24 33415 Zip Country	29 33415 Zip Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KENNEY, TIMOTHY H.
189 BRADLEY PL.
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BANNAR, BART	
STREET ADDRESS	1434 PARTERRE DR. 63 PLUMAGE LN	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCDONALD, VIRGINIA	
STREET ADDRESS	315 FARRAGUT AVE.	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANNAR, STEPHANIE M.	
STREET ADDRESS	509 N.W. ARCHER AVE.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOCK, MARGE	
STREET ADDRESS	1434 PARTERRE DR.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	63 PLUMAGE LANE
1.4 CITY-ST-ZIP	W. PALM BEACH, FL. 33415
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002165202
6.3 STREET ADDRESS	-05/05/97--01022--009
6.4 CITY-ST-ZIP	***165.00

14. I do 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 attachment with an address.

SIGNATURE *[Handwritten Signature]*

CR2E034 (9/96)