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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # K40288** 

(8)

BRJ DEVELOPMENT, INC. Principal Place of Business Mailing Address 2015 LOCK HEED TERRACE 2015 LOCK HEED TERRACE WELLINGTON FL 36341-8303 WELLINGTON FL 33414-8303 3. Date incorporated or Qualified 3a. Date of Last Report 10/21/1988 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0083184 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes ☐ Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MERMELSTEIN, ROBERT JAY 2015 LOCKHEED TERR Street Address (P.O. Box Number is Not Acceptable) WELLINGTON FL 33414 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ۷Ď DELETE ☐ Change ☐ Addition † ILE 1.1 TITLE SCHINE, JAMES D. NAME 1.2 NAME **505 PINTO CIRCLE** 1.3 STREET ADDRESS STREET ADORESS WEST PALM BEACH FL 1.4 CITY - ST - ZIP CHY- ST-2IF DELETE Addition STD Change 2.1 THILE THEF SCHUCK, BRUCE R. 2.2 NAME NAME 505 PINTO CIRCLE STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 2. 4 CITY-ST-ZIP CHTY-ST-ZIE DELETE Change Addition TOTLE 3.1 TITLE MERMELSTEIN, ROBERT J NAME 3.2 NAME 2015 LOCKHEED TERR **3.3 STREET ADDRESS** STREET ADDRESS WELLINGTON FL 3.4. CITY - ST - ZIP CITY-ST-ZIP PD DELETE Change \_\_\_ Addition 41 TOLE TITLE JONES, ROBERT D. NAME 4. 2 NAME 590 ROYAL PALM BCH BLVD. 4.3 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH FL 4.4 CITY - ST - ZIP CITY - \$1 - 20 DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CI1Y-ST-2IP C(TY - ST - Z)P DELETE \_\_\_ Addition 61 TITLE BITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if

14. I do hereby certify that the information supplied with this filling 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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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96/6) (96/6)

**FILED** 

May 13 1997 8:00am

Secretary of State