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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M62453

<ol> <li>Corporation</li> </ol>	n Name						
B. J. AN	D ME, INC.						
	•	•					
Principal Place of Business Mailing Address							
2284 N. DIXIE HIGHWAY 8723 NW 82ND ST BOCA RATON FL 33431 TAMARAC FL 33321							
US TAMARIAG TE 33431					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	-	
					11/13/1987	I A Pad San	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0017472	Applied For Not Applicable	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75 Additional	
					5. Certifcate of Status Desired	Fee Required	
22   27   City & State   City & State					6. Election Campaign Financing	\$5.00 May Be	
23					Trust Fund Contribution	Added to Fees	
Zip			Country				
24	25		30		Personal Property Tax.	Yes No	
	9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of New Registers	ea Agent	
BOT	HBERG, HOWARD L.	N.	"	Name			
8723 N W 82ND STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	IARAC FL 33321	•	83				
						1-1-2-0	
	_		84	City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above	-named corp	poration submits this statement for the purpose	of changing its registered	
office or r	registered agent, or both, in the Sta	ate of Florida. Such change was au igations of Section 607.0505. Flor	uthorized by rida Statutes.	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the applications of the purpose on the purpose on the purpose on the purpose of th	odintment as registered	
SIGNATURE	Mary XIII	wie will	£		11-5	>1 <u>77</u>	
SIGNATORE	Signature, typed or printed name of registered	Z		t signature require	ed when reinstating) DATE	AND DIRECTORS IN 12	
12.		AND DIRECTORS	13. 1.1 TITLE	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE			1.2 NAME				
NAME	ROTHBERG, HOWARD L. 8723 NW 82ND STREET		1.3 STREET	ADDRESS			
STREET ADDRESS	TAMARAC FL		1.4 CITY-ST				
CITY-ST-ZIP TITLE	VSD DELETE		2.1 TITLE	1-21	☐ Change ☐ Addition		
NAME	ROTHBERG, BARBARA	-	2.2 NAME				
STREET ADDRESS	ATTOC AND COLID OT		2.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS	1 AV	_	3.3 STREET	ADDRESS		a company	
CITY-ST-ZIP		-	3.4. CITY-S	T-ZIP		Change Addition	
TITLE		☐ DELETE	4.1 TITLE		•	□ change □ Addition	
NAME			4.2 NAME				
STREET ADDRESS	· .		4.3 STREET				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-ZIP		☐ Change ☐ Addition	
NAME			5.2 NAME			-	
STREET ADDRESS	·		5.3 STREET	ADDRESS			
CITY-ST-ZIP	20		5.4 CITY-S	T-ZIP			
TITLE	*	☐ DELETE	6.1 TITLE			Change Addition	

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

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 of 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 congration or the receiver or trucks enhowered 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, with all other like empowered.

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90021 036 \*\*\*150.00