

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

**FILED**

**Feb 13 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000036240 (8)**  
1. Corporation Name  
**BJE TECHNICAL SALES, INC.**



Principal Place of Business <b>160 NE WAVE CREST WAY BOCA RATON FL 33432</b>	Mailing Address <b>160 NE WAVE CREST WAY BOCA RATON FL 33432</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/19/1993</b>	
21 Suite, Apt #, etc	22 City & State	23 Zip	24 Country	25	26
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29		30		4. FEI Number <b>65-0414020</b>	
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9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name **BARBARA J. ENGEL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**160 NE WAVECREST WAY**  
83  
84 City **BOCA RATON** FL 85 Zip Code **33432**

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: *Barbara J. Engel, President* DATE: **2-7-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>ENGEL, BARBARA J</b>	1.2 NAME	
STREET ADDRESS	<b>160 NE WAVE CREST WAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33432</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ENGEL, BARBARA, SECY.</b>	2.1 TITLE	<b>SECRETARY</b>
NAME	<b>ENGEL, BARBARA</b>	2.2 NAME	<b>ENGEL, BARBARA</b>
STREET ADDRESS	<b>1300 COCOANUT RD.</b>	2.3 STREET ADDRESS	<b>1300 COCOANUT RD.</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33432</b>	2.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33432</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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TITLE	<b>ENGEL, BARBARA, SECY.</b>	2.1 TITLE	<b>SECRETARY</b>
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STREET ADDRESS	<b>1300 COCOANUT RD.</b>	2.3 STREET ADDRESS	<b>1300 COCOANUT RD.</b>
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TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(l), 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; 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: *Barbara J. Engel, President* DATE: **2-7-98** **561-368-1243**

CR2E034 (10/97)