PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # V17832



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

05-05-1999 90183 029 ***150.00

BSJ SEF	RVICES INC.							
		,			# 1 00 711 012081 71011 7020 70188 11110 1	IN BINA NAMERAN AN		
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Principal Place	e of Business	Mailing Address						
1624 WOOD VIOLET DR. ORLANDO FL 32824 US		P.O. BOX 430321 Kissimmee Fl 34743 US		DO NOT WRITE	IN THIS SPACE		_	
••					3. Date Incorporated or Qualifed			
		•			02/27/1992			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3147942		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	7 -	5 Additional Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.0	0 May Be	1
23		28			Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Count	У	8. This corporation owes the current		—	
24	25	29	30		Personal Property Tax.	☑ Yes	□No	1
	9. Name and Address of Curr	rent Registered Agent	8	1 Name	10. Name and Address of New Reg	stered Agent		1
1 1777	LER, BARRY		l°	Name				
	LEN, DANNT 4 WOOD VIOLET DR.		8	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ANDO FL 32824		8					-
UNL	ANDO FE 32024		6	3				
			8	4 City		FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	s, the abo	ve-named corpo	oration submits this statement for the pur	pose of changing	its registered	
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was a	utnonzea p	y tne corporatio	on's board of directors. I hereby accept the	e appointment as	registered	!
agent, Lai	im familiar with, and accept the obli	igations of, Section 607.0505, Fig	rida Statute	S.				i
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statute	s.				
agent. I a	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE	Registered Ag	ent signature required		DATE) [
agent. I a	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS	: Registered Ag	ent signature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		1,00
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY_ST-ZIP_

SIGNATURE:

STREET ADDRESS