

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J79099
1. Corporation Name
BKJ SERVICES, INC.

(4)

Principal Place of Business
1 WASHINGTON AVE.
P.O. BOX 2206
HOMESTEAD FL 33030
US

Mailing Address
PO BOX 2206
P.O. BOX 2206
NARANJA FL 33032
US

3. Date Incorporated or Qualified
06/23/1987

3a. Date of Last Report
02/12/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

4. FEI Number
59-2826185
Applied For
Not Applicable
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

b. Name and Address of Current Registered Agent
OJA, KEITH S
220 PIMLICO LANE
P O BOX 680
KEY LARGO FL 33037

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating.
DATE

12. OFFICERS AND DIRECTORS
12.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
12.2
NAME
STREET ADDRESS
CITY- ST- ZIP
12.3
NAME
STREET ADDRESS
CITY- ST- ZIP
12.4
NAME
STREET ADDRESS
CITY- ST- ZIP
12.5
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 of this report or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
12-28-96 305-242-0018
Date Daytime Phone