PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 512184

1. Corporation	Name				
B & J SAL	.E5, INC.	er van de een een een een een een een een een			
I Bi	-f Ducionar	Mailing Address		1 (000) (1101 (1018)100) (100 (1018)100)	
Principal Place		838 CONGRESS AVE			
B38 CONGRESS AVE WEST PALM BEACH FL 33406 US		WEST PALM BEACH FL 3340	6	DO NOT WRITE IN T	HIS SPACE
		US		3. Date incorporated or Qualifed	
				09/02/1976	
<u> </u>		2a. Mailing Address		4. FEI Number	Applied For
2. Principal Pla	ce of Business	2a. Mailing Address		59-1716741	Not Applicable
21	otto	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #	, etc.	27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	•	28		Trust Fund Contribution	
Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	Yes X No
24	25	6.9	30	10. Name and Address of New Registe	ered Agent
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. 10.110	
IOUA	ICON CLADENCE W			(T.O. Day Number is Not Acceptable)	
JOHNSON, CLARENCE W. 14134 ASTER AVE			82 Street	Address (P.O. Box Number is Not Acceptable)	14、14、195家 - 15·18·1·16·16·16·16·16·16·16·16·16·16·16·16·1
1710	F PALM BCH FL 33414		83	· · · · · · · · · · · · · · · · · · ·	
1120	TALIN CONT. I COVE			1. 美国人民主义 经工程 计图像 1	85 Zip Code
		,	84 City	·	FLII
44 10 12 10 10 10	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpo oration's board of directors. I hereby accept the	se of changing its registered)
office or re	egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida, Such change was au	ithorized by the corpo ida Statutes.	oration's board of directors. Thereby assept the	
agentitat	n tamiliar with, and accept the obliga			·	
SIGNATURE	Signature, typed or printed name of registered agr	and and are mapping		required when reinstating) ADDITIONS/CHANGES TO OFFICEF	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO STATE	Change Addition
TITLE	PD	. U DELETE	1.2 NAME		"
NAME	JOHNSON, CLARENCE W.		1.3 STREET ADDRESS		
STREET ADDRESS	14154 ASTER AVE	•	1.4 CITY-ST-ZIP		
CITY-ST-ZIP	WEST PALM BCH FL	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	ST INCOME MANIFOR A		2.2 NAME		
NAME	JOHNSON, JANICE A. 14154 ASTER AVE		2.3 STREET ADDRESS	·	
STREET ADDRESS	WEST PALM BCH FL	The control of the co	2.4 CITY-ST-ZIP		
CITY-ST-ZIP	VS.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
TITLE 405	JOHNSON, JAMES M		3.2 NAME		•
NAME STREET ADDRESS	14985 OATLAND CT	•	3.3 STREET ADDRESS		化二烷氢钠烷 翻翻。
1 (2)	WELLINGTON FL		3.4. CITY-ST-ZIP	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
TITLE		☐ DELETE	4.1 TITLE	7 1.14 1. 2 1. 4 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Fill Originate Asias (No. Legisland)
,			4. 2 NAME		•
NAME STREET ADDRESS	(A)		4.3 STREET ADDRESS	3	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME	10,75%	- -
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS	S many		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	(7)	DELETE	6.1 TITLE		Change Addition
TITLE	THE PARTY OF THE P	□ nere ie	6.2 NAME		•
1	主 となる場合 7988 5875 700 x			1 .	

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 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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE REQUIRED

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99 (561)689-0404

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90015 016 ***150.00

14/14/48)