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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 373439

(9)

BSJ CORPORATION

Principal Place of Business 5505 NW 48 PLACE

Mailing Address

5505 NW 48 PLACE

FILED May 02 1997 8:00am Secretary of State



GAINESVILLE	FL 32606	GAINESVILLE FL 32006-4	1314					
					3. Date Incorporated or Qualified 12/02/1970		te of Last Re 22/1996	eport
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	_t	·	plied For
21 Suite, Ap	1 # ptc	26 Suite, Apt. #, etc.			59-1307819	A4	\$8.75	t Applicable
22	T. W. KICO	27]			5. Certificate of Status Desired	χ	Fee Re	
City & Sta 23	ale:	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zio	Country	Zip	Cou	intry	8. This corporation has liability for it			199.032
24	25	29	30	,		Yes _		
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Re	platered A	gent	
	JTENBERG, BARRY S		-	Name				
	20 NW 31 TERR			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
G/	NINESVILLE FL 32805			B3				
				83				
				84 City		FL	85 Zip (Code
11 Carson	t to the provisions of Sections 607.05	502 and 607 1509 Florida Stati	ites the at	hove-pamed cor	rporation submits this statement for the p ation's board of directors. I hereby accep	urnose of	changing it	e registered
agent. I SIGNATURE							····	
12.	Signation in the process of the process of the policy of the process of the policy of	agent and little if applicable (NO ND DIRECTORS	JTE: Registered	d Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	S INI 12
TITLE	PD	DELETE	1.1 Tr	TI F	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	RUTENBURG, BARRY S	E.J Decere	1.2 N/				onengo	C. J. Produjion
STREET ADORES				TREET ADDRESS				
CHY SI ZIE	GAINESVILLE FL 32606			TY-ST-ZIP				
lil.E	SD SD	☐ DELETE	2 1 Ti		***************************************	1	Change	Addition
NAME	ROSENBURG, SHARON		2.2 N/					
STREET ADDRESS				IREET ADDRESS				
CITY - \$1 - 700	GAINESVILLE FL 32606		W. 7 C.					
Mui			2.40	STY-SI-7IP				
	ļ	DELETE	2 4 C	TLE	ist		Change	Additio
NAME		☐ DELETE		TLE	and the same of th		Change	Additio
NAME STREET ADDRESS		DELETE	3.1 Tr 3.2 N/	TLE			Change	Additio
	6	DELETE	3.1 TI 3.2 N/ 3.3 ST	TLE AME				Additios
STREET ADDRESS	5	DELETE	3.1 TI 3.2 N/ 3.3 ST	TLE AME TREET ADDRESS HTY+ST+ZIP			Change Change	☐ Addition
STREET ADDRESS	5		3.1 T/ 3.2 N/ 3.3 ST 3.4. C	TLE AME TREET ADDRESS ITY-ST-ZIP TLE				
STREET ADDRESS CITY ST-ZIP TILLE NAME			3.1 T(3.2 N/ 3.3 ST 3.4, C 4.1 T(4.2 N	TLE AME TREET ADDRESS ITY-ST-ZIP TLE	AR.			
STREET ADDRESS DITY ST-ZEP THLE STREET ADDRESS		DELETE	3.1 Ti 3.2 Ni 3.3 ST 3.4 C 4.1 Ti 4.2 N 4.3 ST 4.4 Ci	TLE AME FREET ADDRESS ITY-SI-ZIP TLE IAME IREET ADDRESS ITY-SI-ZIP	in the second se		☐ Change	Addition
STREET ADDRESS OF Y ST-ZEP THEF NAME SCREET ADDRESS OCHY-SE-ZEP			3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N 4.3 ST 4.4 Ci 5.1 Tr	TLE AME FREET ADDRESS HTY-SI-ZIP TLE IAME IREET ADDRESS ITY-SI-ZIP TLE ITY-SI-ZIP TLE ITY-SI-ZIP				Addition
THE FLADORESS CHY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP		DELETE	3.1 Ti 3.2 Ni 3.3 ST 3.4 C 4.1 Ti 4.2 N 4.3 ST 4.4 Ci	TLE AME FREET ADDRESS HTY-SI-ZIP TLE IAME IREET ADDRESS ITY-SI-ZIP TLE ITY-SI-ZIP TLE ITY-SI-ZIP			☐ Change	Addition
STREET ADDRESS OF Y ST-ZEP THEF NAME STREET ADDRESS CHY-ST-ZEP TOTE NAME		DELETE	3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N 4.3 ST 4.4 Cl 5.1 Tr 5.2 N/	TLE AME FREET ADDRESS HTY-SI-ZIP TLE IAME IREET ADDRESS ITY-SI-ZIP TLE ITY-SI-ZIP TLE ITY-SI-ZIP			☐ Change	Addition
STREET ADDRESS OF Y ST-ZP THAT NAME STREET ADDRESS OUT-ST-ZP THE NAME STREET ADDRESS OUT-ST-ZP		☐ DELETE	3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N 4.3 ST 4.4 Cr 5.1 Tr 5.2 N/ 5.3 ST 5.4 Cr	TLE AME STREET ADDRESS STY-ST-ZIP TLE IAME IREET ADDRESS STY-ST-ZIP TLE AME IREET ADDRESS STY-ST-ZIP TREET ADDRESS STY-ST-ZIP TREET ADDRESS			Change Change	Addition
STREET ADDRESS OF Y ST-ZP THEF NAME STREET ADDRESS OHY-ST-ZP THEF NAME STREET ADDRESS OHY-ST-ZP CHY-ST-ZP		DELETE	3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N 4.3 SI 4.4 Cr 5.1 Tr 5.2 N/ 5.3 ST 5.4 Cr 6.1 Tr	TLE AME STREET ADDRESS STY-ST-ZIP TLE INFECT ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE			☐ Change	Addition
STREET ADDRESS OF Y ST-ZIP THEF HAME		☐ DELETE	3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N 4.3 ST 4.4 Cr 5.1 Tr 5.2 N/ 5.3 ST 5.4 Cr	TLE AME STREET ADDRESS STY-ST-ZIP TLE INFECT ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE			Change Change	Addition
STREET ADDRESS CITY ST-ZP THLE NAME STREET ADDRESS CITY-ST-ZP THLE STREET ADDRESS CITY-ST-ZP THLE THLE THLE THLE	5	☐ DELETE	3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N/ 4.3 ST 4.4 Cr 5.2 N/ 5.3 ST 5.4 Cr 6.1 Tr 6.2 N/	TLE AME STREET ADDRESS STY-ST-ZIP TLE INFECT ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE			Change Change	

near exempt carrier information supplied with his animal code not quality 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 changed, or on an attachment with an address. SIGNATURE: