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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 489365 1. Corporation Name

B.& J. MEDICAL, INC.

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90053 031 \*\*\*150.00



Principal Place	e of Business	Mailing Address			
401 BAYBERRY		•			
PLANTATION FI		PLANTATION FL 33317	DI BAYBERRY DR LANTATION FL 33317  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 11/07/1975  4. FEI Number Applied For		
					·
2. Principal Pl	lace of Business		BAYBERRY DR NTATION FL 33317  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 11/07/1975  4. FEI Number 59-1632772  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  6. Election Campaign Financing Frust Fund Contribution Fee Required  7. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Personal Property Tax.  Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  7. 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered as Section 607.0505, Florida Statutes.  85 Zip Code  86 City  FL  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  84 City  FL  85 Zip Code  85 Zip Code  86 Zip Code  87 Jis Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Jis Code  86 Zip Code  87 Jis Code  87 Jis Code  88 Jis Code  88 Jis Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  87 Jis Code  87 Jis Code  88 Jis Code  89 Zip Code  80 Zip Code		
21 07/	W. TROPIENT C	URYES V			
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City & State / 27			1. 1		
T 222	17 25 USA		¬ ´		
24 333	9. Name and Address of Cur		<u> </u>		
	3. Italie and Addiese of Ga.	Tom registers	81	Name	
SER	zen, Russell				
401 BAYBERRY DR.			82	Street A	Address (P.O. Box Number is Not Acceptable)
PLAI	NTATION, FL		83	1	
3331					
			84	City	FI 85 Zip Code
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statutes	the above	e-named c	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent or both in the St	tate of Florida. Such change was auth	norized by	the corpor	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Florid	a Statutes		
SIGNATURE	Signature, typed or printed name of registered	spent and title if applicable (NOTE: Ri	egistered Ager	nt signature re	required when reinstating) DATE
12.		S AND DIRECTORS			
TITLE	STD		1.1 TITLE		Change Addition
NAME	SERZEN, ELIZABETH		1.2 NAME		and the Tarantal Colors
STREET ADDRESS	401 BAYBERRY DR		1.3 STREET	TADDRESS	391 W. TROPICAL WAL
CITY-ST-ZIP	PLANTATION, FL 00000		1.4 CITY-S	T- ZIP	Phonetation FL: 33317
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	SERZEN, RUSSELL D		2.2 NAME		
STREET ADDRESS	401 BAYBERRY DR			- 1	and the Taranal WAY
CITY-ST-ZIP	7			T ADDRESS	891 W. TROPICAL WAY
TITLE	PLANTATION FLOCOCO		2.3 STREET		891 W. TROPICAL WAY PLANTATION FL. 33317
	PLANTATION, FL 00000	☐ DELETE			891 W. TROPICAL WAY  Phantation, FL. 33317  Relange Addition  891 W. TROPICAL WAY  Phantation, FL. 33317  Change Addition
	PLANTATION, FL 00000	☐ DELETE	2.3 STREET 2. 4 CITY-S		891 W. TROPICAL WAY PLANTATION, FL. 33317  Change Addition
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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 of 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 all address, with all other like empowered.

SIGNATURE:

IGNING OFFICER