

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **498545** (3)

1. Corporation Name
B.J.J.S., INC.



Principal Place of Business

Mailing Address

**5551 WEST PONKAN RD
ZELLWOOD FL 32798
US**

**P. O. BOX 760 N/A
ZELLWOOD FL 32798
US**

2. Principal Place of Business

2a. Mailing Address

21 | **421 Montgomery Road**

26 | **PO BOX 162732**

22 | **Suite 141**

27 |

23 | **Altamonte Springs FLA**

28 | **Altamonte Springs FLA**

24 | **32714** 25 | **USA**

29 | **32716-2732** 30 | **USA**

9. Name and Address of Current Registered Agent

**MEITIN, JULIAN R.
5551 WEST PONKAN ROAD
ZELLWOOD FL 32798**

81 Name

82 Street Address (P.O. Box Not Permitted) **421 Montgomery Road**
83 **Suite 141**
84 City **Altamonte Springs** FL 85 Zip Code **32714**

3. Date Incorporated or Qualified

03/10/1976

3a. Date of Last Report

03/27/1995

4. FEI Number

59-1652442

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.032 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.032, Florida Statutes.

SIGNATURE

Julian R Meitin

4/5/96

12. OFFICERS AND DIRECTORS

- 1. TITLE DELETE PD
- NAME **MEITIN, JULIAN R.**
- STREET ADDRESS **5551 W. PONKAN ROAD**
- CITY, ST, ZIP **ZELLWOOD FL**
- 2. TITLE DELETE SD
- NAME **COPE, JUDI M.**
- STREET ADDRESS **370 GOLF BROOK CIRCLE #106**
- CITY, ST, ZIP **LONGWOOD FL**
- 3. TITLE DELETE TD
- NAME **MEITIN, SAMUEL R.**
- STREET ADDRESS **505 MAITLAND AVE, STE. 120**
- CITY, ST, ZIP **ALTAMONTE SPRINGS FL**
- 4. TITLE DELETE
- NAME
- STREET ADDRESS
- CITY, ST, ZIP
- 5. TITLE DELETE
- NAME
- STREET ADDRESS
- CITY, ST, ZIP
- 6. TITLE DELETE
- NAME
- STREET ADDRESS
- CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- 1. TITLE Change Addition PD
- NAME **Meitin, Julian R.**
- 12 NAME
- 13 STREET ADDRESS **421 Montgomery Road Suite 141**
- 14 CITY, ST, ZIP **Altamonte Springs FL 32714**
- 2. TITLE Change Addition
- 2.2 NAME
- 2.3 STREET ADDRESS
- 2.4 CITY, ST, ZIP
- 3. TITLE Change Addition
- 3.2 NAME
- 3.3 STREET ADDRESS
- 3.4 CITY, ST, ZIP
- 4. TITLE Change Addition
- 4.2 NAME
- 4.3 STREET ADDRESS
- 4.4 CITY, ST, ZIP
- 5. TITLE Change Addition
- 5.2 NAME
- 5.3 STREET ADDRESS
- 5.4 CITY, ST, ZIP
- 6. TITLE Change Addition
- 6.2 NAME
- 6.3 STREET ADDRESS
- 6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Julian R Meitin* **Julian R Meitin 4/5/96 407-865-7887**

CR2E034 (12/95)