

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 # 845005 (8)

1. Corporation Name

BJF DEVELOPMENT, INC.



Principal Place of Business

361 PARK AVENUE
SUITE 575
GLENCOE IL 60022
US

Mailing Address

361 PARK AVENUE
SUITE 575
GLENCOE IL 60022
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/17/1980

3a. Date of Last Report

06/29/1995

4. FEI Number

36-3084816

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

BURT, FRANK G.
701 BRICKELL AVENUE, 22ND FLOOR
MIAMI FL 33131

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

12.1	CD	☐ DELETE
NAME	FREY, BRUCE J.	
STREET ADDRESS	361 PARK AVENUE	
CITY-STATE-ZIP	GLENCOE IL	
12.2	P	☐ DELETE
NAME	DAVID, ALAN	
STREET ADDRESS	500 FAIRWAY DRIVE, SUITE 203	
CITY-STATE-ZIP	DEERFIELD BEACH FL	
12.3	S	☐ DELETE
NAME	DAVID, ALAN	
STREET ADDRESS	500 FAIRWAY DRIVE, SUITE 203	
CITY-STATE-ZIP	DEERFIELD BEACH FL	
12.4		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.6		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. TITLE	☐ Change ☐ Addition
13.2	2. NAME	
13.3	3. STREET ADDRESS	
13.4	4. CITY-STATE-ZIP	
13.5	5. TITLE	☐ Change ☐ Addition
13.6	6. NAME	
13.7	7. STREET ADDRESS	
13.8	8. CITY-STATE-ZIP	
13.9	9. TITLE	☐ Change ☐ Addition
13.10	10. NAME	
13.11	11. STREET ADDRESS	
13.12	12. CITY-STATE-ZIP	
13.13	13. TITLE	☐ Change ☐ Addition
13.14	14. NAME	
13.15	15. STREET ADDRESS	
13.16	16. CITY-STATE-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 or person 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 annual report or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE

CR2E034 (12/95)