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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FILED Feb 25 1998 8:00am Secretary of State

BJST S	ERVICES, INC.						
Principal Place of Business Mailing Address							
		·	•				
9901 E. BROADVIEW DR 9901 E. BROADVIEW DR BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL				22164			
DAT FIARDON ISCARDO TE SOTON DAT FIAR			THIRDON ISCHINGS FC 93154			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						04/05/1982	
	rincipal Place of Business 2a. Mailing Address					4. FEI Number Applied Fo	
21		26				59-2180883 Not Applica	$\overline{}$
Suite, Apt.						5. Certificate of Status Desired See Required	t)
22			ity & State				
23	•		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip			Countr	v	8. This corporation owes or has paid the current year Intangible	\dashv
24	25		29 30		,	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr			7		10. Name and Address of New Registered Agent	\neg
STR	AUS, ARNOLD M., JR			81	Name		
16459 NE 6TH AVENUE				82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
NO MIAMI BEACH FL 33162				**	Olibbi Add	iless (F.O. BOX Molitical is NOI Acceptable)	
""				83			
				84	City	At Zin Codo	
ł				04	City	FL 65 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corp.						poration submits this statement for the purpose of changing its registe	red
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, typed or printed name of registered a		(NOTE: (Registored Ag	ent signature requi	ired when reinstating) DATE	
12.		ND DIRECTORS	T DECEME	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	L	DELETE	1,1 TITLE		: Change	ition
NAME TAVLIN, ED				1.2 NAME			
STREET ADORESS	9901 E BROADVIEW DR				T ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISL, FL 00000		DELETE	1.4 CITY-ST-ZIP			
TITLE	-		_ DELETE	2.1 TITLE		☐ Change ☐ Add	ition
NAME	TAVLIN, BETH			2.2 NAME			
STREET ADDRESS	9901 E BROADVIEW DR	•		2.3 STREE	Į.		
CITY-ST-ZIP	BAY HARBOR ISL, FL 00000		DELETE	2.4 CITY-	ST-ZIP	Change	
TITLE		<u>L</u>	_, receit	3.1 TITLE		L Change L Add	JUDIT
NAME STREET ADDRESS				3.2 NAME	ADODECC		
i i				3.3 STREET			1
CITY-ST-ZIP TITLE		Т	DELETE	3.4. CITY - 4.1 TITLE	31-11	☐ Change ☐ Addi	ition
NAME		-		4. 2 NAME		المراجعة الم	
STREET ADDRESS				4.3 STREET	ADDRESS		- 1
CITY-ST-ZIP				4.4 CITY-5			
TITLE			DELETE	5.1 TITLE	11-20	☐ Change ☐ Addi	ilion
NAME		_	-	5.2 NAME			-
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-S			1
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	6.1 TITLE	n - Cit	Change Addi	tion
NAME		_		6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY-S			
	ertify that the information supplied	with this filing does	not qualify for I			Section 119 07/3V(i) Florida Statutes I further certify that the informati	

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental annual report is true and accurate and that my signature shell 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 pranged, or on an ittachment with an address.