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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F91876

(5)

FILED Apr 09 1998 8:00am Secretary of State

B. J. L.	, INC.			
Principal Place	e of Rusiness	Mailing Address		
i .		-	•	
- 5363-8W STATE ROAD 200 5353 SW STATE ROAD 200 GALA FL-34474			U	
_115	,	سالا—		DO NOT WRITE IN THIS SPACE
-				3. Date Incorporated or Qualified
	0715			07/26/1982
2. Principal Place of Busines 2001-1-120 2a. Mailing Address				4. FEI Number Applied For
21 1795 No Florido Ano 26 BT4ThC				59-2213385 Not Applicable
Suite, Apt.	THE FLAMEST		Floride Au	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	Hernendo PLA.	City & State		6. Election Campaign Financing \$5.00 May Be
23 10 / 10		28 Hervende	/- ly	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Colintry	8. This corporation owes or has paid the current year Intangible
24 3446	9. Name and Address of Current R		30 USA	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
-		agistalan Malit	81 Name	10. Raine and Address of New Registered Agent
TOTAL PARTY DOAD OOD				Address (P.O. Box Number is Not Acceptable)
OCALA PL 34474 -				795 NO Floridg AVE
			83	
			84 CN/	85 Zip Code
			He	rnang FL 34442
11. Pursuant	to the provisions of Sections 607.0502 a	ind 607,1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ins of, Section 607.0505, Flor	ida Statutes.	Column S board of directors. Thereby accept the appointment as registered
SIGNATURE	(Vail fatons)	Sec treight	Poul	ho FOND 4-21494
	Signification and Significatio		Registered Agent signature	
12.	OFFICERS AND E	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change KLAddition
TITLE	LAFOND, PAUL	Detere	1.1 TITLE	Change Zaboution
NAME	5953 SW STATE RD 200		1.2 NAME	Paul Gotophi 1 Ave
STREET ADDRESS	OCALA FL 34474		1.3 STREET ADDRESS	1745 100 101000 11
CITY-ST-ZIP	D D	DELETE	1.4 City-ST-ZIP	Paul ho Ford 1745 No. Florida Aie Hernunde Fl- 34942 Teisld I hoford 1745 No. Florida Buo Hernunde Fl. 311442 Change Addition
	LAFOND, JEROLD		2.1 TITLE	to the total
NAME	5058-SW-STATE-RD*200		2.2 NAME	Je 16 10 11 reprise
STREET ADDRESS	OCALA FL 34474		2.3 STREET ADDRESS	1795 NO. FIOTAL WAR
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP	Heraconski Pi. 311(4)
i			3.1 TITLE	
NAME STREET ADDRESS			3.2 NAME	
			3.3 STREET ADORESS	
CITY-ST-ZIP TITLE	,	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME		- 0,000,0	4. 2 NAME	C. Stange C. Moutton
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	Er omingo E receion
STREET ADDRESS			5.3 STREET ADDRESS	
1		•	T	
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE	Change Addition
NAME			6.2 NAME	La viango La viantido
l l			- I	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	d in Section 119 07/(3)(i) Florida Statutes I further certify that the information

invereoy verify that the information supplied with this tiling 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 suppliemental 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:

Paul Le Fore Paul Le FONE

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ARID2, 1889

352-4002044