


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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G70206 (9) 1. Corporation Name BJS ENTERPRISES, INC.					
Principal Place of Business 63 PLUMAGE LN WEST PALM BEACH FL 33415			Mailing Address 63 PLUMAGE LN WEST PALM BEACH FL 33415		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1983	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
g. Name and Address of Current Registered Agent KENNEY, TIMOTHY H. 189 BRADLEY PL. PALM BEACH FL 33480			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and filed and applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME
	DP BANNAR, BART	63 PLUMAGE LN	WEST PALM BEACH FL 33415		1.3 STREET ADDRESS
	ST MCDONALD, VIRGINIA	315 FARRAGUT AVE.	ROCKVILLE MD		1.4 CITY-ST-ZIP
	D BANNAR, STEPHANIE M.	509 N.W. ARCHER AVE.	PT. ST. LUCIE FL		2.1 TITLE
	D HOCK, MARGE	1434 PARTERRE DR.	W PALM BEACH FL		2.2 NAME
					2.3 STREET ADDRESS
					2.4 CITY-ST-ZIP
					3.1 TITLE
					3.2 NAME
					3.3 STREET ADDRESS
					3.4 CITY-ST-ZIP
					4.1 TITLE
					4.2 NAME
					4.3 STREET ADDRESS
					4.4 CITY-ST-ZIP
					5.1 TITLE
					5.2 NAME
					5.3 STREET ADDRESS
					5.4 CITY-ST-ZIP
					6.1 TITLE
					6.2 NAME
					6.3 STREET ADDRESS
					6.4 CITY-ST-ZIP



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and filed and applicable (NOTE: Registered Agent signature required when reinstating)</small>	
12. OFFICERS AND DIRECTORS	
TITLE	NAME
	DP BANNAR, BART
STREET ADDRESS	63 PLUMAGE LN
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	NAME
	ST MCDONALD, VIRGINIA
STREET ADDRESS	315 FARRAGUT AVE.
CITY-ST-ZIP	ROCKVILLE MD
TITLE	NAME
	D BANNAR, STEPHANIE M.
STREET ADDRESS	509 N.W. ARCHER AVE.
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TITLE	NAME
	D HOCK, MARGE
STREET ADDRESS	1434 PARTERRE DR.
CITY-ST-ZIP	W PALM BEACH FL
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 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 _____ DATE _____

CR2E034 (10/97)