

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H65250**

1. Corporation Name

**B. J. K., INC.**

Principal Place of Business

100 South Ashley Drive  
Suite 1745  
Tampa, Florida 33602

Mailing Address

100 South Ashley Drive  
Suite 1745  
Tampa, Florida 33602

APPROVED  
AND  
FILED

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\*\*\*208.75 \*\*\*208.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/09/1985

3a. Date of Last Report  
04/08/1994

2. Principal Place of Business

2a. Mailing Address

21 100 South Ashley Drive

26 100 South Ashley Drive

4. FEI Number

34-1483524

Applied For

Not Applicable

22 Suite, Apt. #, etc  
Suite 1745

27 Suite, Apt. #, etc  
Suite 1745

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23 City & State  
Tampa, Florida

28 City & State  
Tampa, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip  
33602

25 Country  
USA

29 Zip  
33602

30 Country  
USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Palermo, James D.  
100 South Ashley Drive  
Suite 1745  
Tampa, Florida 33602

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 607.1508, 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

Signature (Typed or printed name of registered agent and title if applicable)

Signature (Typed or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
Director  
Palermo, James D.  
100 South Ashley Drive, #1745  
Tampa, Florida 33602

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
Director  
Kosar, Bernie, Sr.  
100 South Ashley Drive, #1745  
Tampa, Florida 33602

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

18 TITLE ☐ Change ☐ Addition

19 NAME

20 STREET ADDRESS

21 CITY, ST, ZIP

22 TITLE ☐ Change ☐ Addition

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY, ST, ZIP

30 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY, ST, ZIP

34 TITLE ☐ Change ☐ Addition

35 NAME

36 STREET ADDRESS

37 CITY, ST, ZIP

38 TITLE ☐ Change ☐ Addition

39 NAME

40 STREET ADDRESS

41 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 attached sheet with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
James D. Palermo, Director

4/29/95

(813) 223-5431