## 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 #

H65250

(3)

B.J.K., INC.

STREET ADDRESS

CITY-ST-ZIP

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 100 S. ASHLEY DR. 100 S. ASHLEY DR. **SUITE 1745 SUITE 1745** DO NOT WRITE IN THIS SPACE TAMPA FL 33602-5348 TAMPA FL 33602-5348 3. Date Incorporated or Qualified 07/09/1985 2. Principal Place of Business 2a. Mailing Address Applied For 26 34-1483524 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name PALERMO, JAMES D. 100 S. ASHLEY DR. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1745** 83 **TAMPA FL 33602** 84 City 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 (NOTE: Registered Agent signature required when re-instating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Addition Change NAME PALERMO, JAMES D. 12 NAME 100 S. ASHLEY DR. #1745 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-7IP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition KOSAR, BERNIE., SR. NAME 2.2 NAME 100 S. ASHLEY DR. #1745 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ■ Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

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 arm 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 attraction with an address

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP