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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

May 05, 1999 8:00 am Secretary of State

05-05-1999 90104 015 ***150.00

DOCUMENT # J67341 1. Corporation Name B.A.J. MANAGEMENT, INC. Mailing Address Principal Place of Business 2100 CONSTITUTION BLVD. 2100 CONSTITUTION BLVD STE. 171 STF. 171 DO NOT WRITE IN THIS SPACE SARASOTA FL 34231 SARASOTA FL 34231 3. Date Incorporated or Qualifed 04/07/1987 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable <u>59-2797271</u> 26 Suite, Apt. #; etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Country Zip 8. This corporation owes the current year Intangible Zip MNO. 30 Personal Property Tax. 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STEINBERG, HERMAN Street Address (P.O. Box Number is Not Acceptable) 2100 CONSTITUTION BLVD. SUITE 128 - SUITE 111 83 SARASOTA FL 34231 Zip Code 84 City 85 1. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TV. Change DELETE 1.1 TITLE TITLE HERMAN STEINBERG STEINBERG, HERMAN 1.2 NAME NAME 4420 VIOLET AVENUE 4152 MOSS OAK PLACE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition TITLE ☐ DELETE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 congoration or the receiver of 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

6.4 CITY-ST-ZIP

CITY-ST-ZIP

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