AMOUNT DUE	NOTICE: CORPORATION WILL BE DI ON OR BEFORE 8/7/96: \$225 (IF DISSOLV PROFIT RPORATION	ED, MINIMUM AMOUNT DUE FLORIDA DEPART	TO REINSTATE: \$375.) MENT OF STATE		
ANNU	JAL REPORT 1996	Sandra B. Secretary DIVISION OF CO	of State		
DOCUI 1. Corporation	MENT # M95914	(1)			
B.C.J.F	P. ENTERPRISES, INC.				
Principal Place		Mailing Address		-	IE: DIEH DIDII 100F DIDH DIDIH DIDII 100)
25655 MARSH LANDING PARKWAY JACKSONVILLE BCH FL 32250 US		28 SO 31ST AVE 25655 MARSH LANDING F JACKSONVILLE BCH FL 3 US		Date Incorporated or Qualified     08/23/1988	<b>3a.</b> Date of Last Report <b>03/31/1995</b>
2. Principal Pi	So. 3\57 Ave	2a. Mailing Address 26 Z9 S6.	31ST AND	4. FEI Number 59-2901778	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State	10.1-30	City-8 State	lo B ( G	6. Election Campaign Financing	Fee Required  \$5.00 May Be
24 322	Country	28 JACKSONVII	Country	Trust Fund Contribution  8. This corporation has liability for	1 (
24 500	9. Name and Address of Current Ro		BO DUYKL	Florida Statutes  10. Name and Address of New Re	Yes No gistered Agent
UPTON, JOHN M.			81 Name	ss (P.O. Box Number is Not Acceptab	tol
PONTE VEDRA BEACH FL 32082			83	oo (no box name) is not necessari	
			84 City		<b>■■ B5</b> Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of F	d 607.1508, Florida Statutes	, the above-named corpor	ration submits this statement for the party of directors.	irpose of changing its registered
SIGNATURE	minamina with, and accept the obligation	is oi, section gov.usus, Florid	da Statutes	ro dedita of directors. Thereby accepts	me appointment as registered
12.	Signature: typed or printed name of registered agent and OFFICERS AND D		Regulered Agent signature required 13.	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	7.5511010/01/11/102010 0/110	Change Adultion
NAME Street adoress	UPTON, JOHN M. 28 SO 31ST AVE		1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTORS IN 12 66 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
CITY-ST-ZIP	JACKSONVILLE BCH FL		= 1.4 City-St-ZiP		ZE
TITLE	ST	DELFTE	2 1 FIFLE		Change Addition
NAME STREET ADDRESS	UPTON, KIMI W. 28 SO 31ST AVENUE		2 2 NAME 2 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		2 4 CITY - ST - ZIF		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3 2 NAME 3 3 STREET ADORESS		
CITY-SY-ZIP			3.4 CiTY - ST - ZIP		
TITLE		DELETE	4111116		Change Addition
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
DITY-ST-ZIP			4.4 CITY - ST - 7P		
TITLE		DELETE	51 TITLE		Change Addition
NAME STREET ADDRESS			5 2 NAME		
CITY-ST-ZIP			5 3 STHEET ADDRESS 5 4 CITY-ST- ZIP		
TITLE		DELETE	6 1 TIFLE		Change Addition
NAME STREET ADDRESS			6 2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip		
14. I do hereb	y certify that the information supplied wit tify that the information indicated on this or path, that I am an officer or disease of	h this filing is voluntarily furni	shed and does not qualify	for the exemption stated in Section 1	19 07(3)(k). Florida Statutes 1
	er oath, that I am an officer or director of me appears in Block 12 of Mock 13 its p			o execute this report as required by C	thapter 617. Florida Statutes, and
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR M. UPTO 6 1/7/96 904-273-8772					