FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800005417

B M J COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

6002 MIRAMAR PKWY MIRAMAR FL 33023

Mailing Address

6002 MIRAMAR PKWY MIRAMAR FL 33023

Mar 09, 1999 8:00 am § Secretary of State 03-09-1999 90126 032 ****70.00

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2. Principal F	Place of Business O Mike War Dkwy 26 606	ss Mikamar	pkwy	3. Date Incorpora 09/17/1998			•	
Suite, Apt				4. FEI Number 863849		Appl	Applied For	
22 Wall	WIRL DURING 27					Not	Applicable	
City & State City & State Mikamak, Flakila 28 Mikamav, Flokila				5. Certificate of Status Desired \$8.75 Additional Fee Required				
Zip Country A Zip Country				6. Election Campaign Financing \$5.00 May Be				
24 33023 25 BROWARD 29 33023 30 BR				Trust Fund Contribution Added to Fees				
	9. Name and Address of Current Registered Agent		_	10. Name and Ad	dress of New Registered Ag	ent		
		81	Name (urt Re	12			
BOGLE, (CURT	82	Street Addre	ess (P.O. Box Numbe	r is Not Acceptable) / 1	/		
	AMAR PKWY		6006 MIRAMAY / KWY					
	R FL 33023	83	,			(
1.7 2 2 2		84	City	 _	· · · · · ·	85 Zip.Co	nde .	
		04	City MIR	amav .	FL		ິດ 2 3	
11. Pursuani	t to the provisions of Sections 617.0502 and 617.1508, Florid	a Statutes, the abov	e-named como	oration submits this st	atement for the purpose of cha	anging its re	egistered	
Office or	registered agent, or both, in the State of Florida. Such chang am familiar with, and accept the obligations of, Section 617,0	ie was authorizēd by	the comoratio	n's board of directors	. I hereby accept the appointm	ient as regi	stered	
_)	••		2/19/99			
SIGNATURE	Signature, typed or printed name of rigistered agent and title if applicable.	(NOTE: Registered Age	nt signature required	when reinstating)	DATE DATE		· ·	
12.	OFFICERS AND DIRECTORS	13.			ANGES TO OFFICERS AND I	DIRECTOR	S IN 12	
TITLE	DP	LETE 1.1 TITLE	Q	P		Change	Addition	
NAME	BOGLE, CURT	1.2 NAME	(1)	irt Boall	1. 0. 2	and	•	
STREET ADDRESS	0000 MD4440 D(40)	1.3 STREE	TADORESS 33	530, Thystic	points DK unit	704	:	
CITY-ST-ZIP	MIRAMAR FL 33023	1.4 CITY- S	1 7.	Jentura C	U 33180			
TITLE	DS DE				· [] Change	Addition	
NAME	QUALIS, THOMAS	2.2 NAME			_			
STREET ADDRESS	THE AND ASSESSED TO BE A SECOND TO S		TADDRESS			t	1	
	MIAMI FL 33055	2.4 CITY-		•			,	
CITY-ST-ZIP	DT G)1-4P			Change	Addition	
TITLE	JEDWAB, ORLIE	3.1 ME						
NAME	O 400 INCOLLA ANTE		T ADDRESS			. 		
STREET ADDRESS	1							
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4. CITY-5	51-ZIP	·	- Γ	7 Change	Addition	
TITLE				-	· · · · ·			
NAME		4. 2 NAME	- 1				•	
STREET ADDRESS	S		TADORESS	•				
CITY-ST-ZIP		4.4 CITY-5	T-ZIP			7 Change	Addition	
TITLE	DE	LETE 5.1 TITLE				_ onange		
NAME		1	T 4000000	•		٠,	•	
STREET ADDRESS	5	1	TAODRESS			•	,	
CITY-ST-ZIP		5.4 CITY-5	T-ZIP			7.05	T A J Per	
TITLE	□ DE				1] Change	Addition	
NAME		6.2 NAME	,	-				
STREET ADDRESS	5	6.3 STREE	TADDRESS				į	
	1	6.4 CITY-S	T-710					

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.