

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

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000023000 (1)

1. Corporation Name
B.J.'S CANVAS AND AWNING, INC.



Principal Place of Business
3240 SE WALLER ST
STUART FL 34997
US

Mailing Address
3240 SE WALLER ST
STUART FL 34997-5924
US

3. Date Incorporated or Qualified
03/26/1993

3a. Date of Last Report
04/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0412617	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country		
29 Zip	30 Country		

9. Name and Address of Current Registered Agent

LUST, KARL E
1404 PALM CITY RD
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
D	LUST, KARL E	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1404 PALM CITY RD		13 STREET ADDRESS	
STUART FL 34994		14 CITY-ST-ZIP	
D	LUST, LORILEE D	2.1 TITLE	
1404 PALM CITY RD		2.2 NAME	
STUART FL 34994		2.3 STREET ADDRESS	
D	DEAN, WALTER P	2.4 CITY-ST-ZIP	
1120 SE BUTTONWOOD CIR		3.1 TITLE	
STUART FL 34997		3.2 NAME	
D	DEAN, VIRGINIA R	3.3 STREET ADDRESS	
1120 SE BUTTONWOOD CIR		3.4 CITY-ST-ZIP	
STUART FL 34997		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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. 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0472897

CR2E034 (9/96)