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

STREET ADDRESS

SIGNATURÉ:

CITY-ST-ZIP

FILED **PROFIT** Feb 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name P93000036240 (8) BJE TECHNICAL SALES, INC. Principal Place of Business Mailing Address 160 NE WAVE CREST WAY 160 NE WAVE CREST WAY **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/19/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 65-0414020 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Zıp Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name BARBARA J. ENGEL C T CORPORATION SYSTEM 1200 \$ PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable)

160 NE WAYECREST WAY **PLANTATION FL 33324** 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 agent. I am familiar with another control of the corporation of President SIGNATURE OFFICERS AND DIRECTIONS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE PRESIDENT Change Addition ENGEL, BARBARA J NAME 1.2 NAME 160 NE WAVE CREST WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition ECRETAR NAME 2.2 NAME COANUTRO. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change 3.1 TITLE Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Addition TITLE NAME 62 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

> > 561-368-1243

14. Thereby 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 co-portation in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Chapter 607 in a pachiment with an address.