

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

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90005 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000052914**

1. Corporation Name  
**BEEJAYSWEE CORP.**



Principal Place of Business <b>3462 NW 47 AVE. COCONUT CREEK FL 33063</b>	Mailing Address <b>3462 NW 47 AVE. COCONUT CREEK FL 33063</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3212 NE 12 AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>6044 E. Rochelle St</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/22/1993</b>	
22 City & State <b>OAKLAND PK FL</b>		27 City & State <b>Mesa AZ</b>		4. FEI Number <b>65-0430765</b>	
23 Zip <b>33334</b>		28 Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33334</b>		29 <b>85215</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>Broward</b>		30 <b>Maricopa</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SWEENEY, BRUCE J  
3462 NW 47 AVE  
MARGATE FL 33063**

81 Name <b>Sweeney, Robert (SAME)</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2873 NE 15 St</b>
83 <b>6044 E Rochelle St</b>
84 City <b>Mesa AZ</b>
85 Zip Code <b>85215</b>

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

*Robert Sweeney*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/11/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>SWEENEY, BRUCE J</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SWEENEY, BRUCE J</b>		1.2 NAME	
STREET ADDRESS <b>3462 NW 47 AVE</b>		1.3 STREET ADDRESS <b>6044 E. Rochelle St</b>	
CITY-ST-ZIP <b>MARGATE FL 33063</b>		1.4 CITY-ST-ZIP <b>Mesa AZ 85215</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

*Bruce J Sweeney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-6-99**

Daytime Phone #

**888/393-9084**

CR2E034 (11/98)