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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000081252 (7) DOCUMENT #

FILED Apr 23 1998 8:00am Secretary of State

BJRO	OFING IND. CO.				
Principal Plac	o of Burinose	Mailing Address			
Principal Place of Business 360 TOMOKA AVE		360 TOMOKA AVE			
		ORMOND BEACH FL	32174		
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
Principal P	lace of Business	2a. Mailing Address		11/19/1993 4. FEI Number	Applied For
2. Principal Place of Business		26		59-3212052	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zφ	Country	This corporation owes or has paid the corporation of the corporat	current year Intangible Yes No
24	25 Name and Address of Currer	29 29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
WH	IIT E HOUSE, JOANNE	The second of th	81 Name		
) FAIRWAY DR		<u> </u>	WhITEHOUSE, JOANNE	
ORMOND BCH FL 32176			82 Street Ac	N. HALIFAX DR.	
J.,			83	IV: IIII DELL'II DELL'II	·
			84 City		85 Zip Code
			ST ST OR	MOND BEACH F	L 85 Zip Code 32176
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tiules, the above-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statutes.	ration's board of directors. Thereby accept the a	ppointment as registered
SIGNATURE					
12.	Signature, typod or printed name of registered ago OFFICERS AN		NOTE: Registered Agent signature real 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	SD OF HOLING AND	DELETE	1.1 TITLE	DƊ AS ተ	Change Addition
NAME	WHITEHOUSE, JOANNE		1.2 NAME	UNITEHOUSE, JOANNE	
STREET ADDRESS	360 TOMOKA AVE		1.3 STREET ADDRESS	360 TOMOKA AVE	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	DRMOND BEACH, FL	
TITLE	VD AS	☐ DELETE	2.1 TITLE	1 PD " " " CP 1	Change
NAME	BELISLE, RICHARD		2.2 NAME	SELISE, RICHARD	
STREET ADDRESS	\$60 TOMOKA AVE		2.3 STREET ADDRESS	BLO TOMOKA AVE	
CITY-ST-ZIP	ORMOND BCH FL	D DELETTE	2.4 CITY-ST-ZIP	DRMOND BEACH, FL	I Oberes Madeiros
TITLE		☐ DELETE	3.1 TITLE	SAT	☐ Change ☐ Addition
NAME ATREET ADDRESS			3.2 NAME	NHITEHOUSE, DAVID Sbo Tomoka Ave	
STREET ADDRESS				DRMOND BEACH, FL	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	PRIVIDING DENCY, FO	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					I
			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

Indicated on this annual report or supplies with this limit does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Turther certify that the informatic 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 changes, or on an attachment with any address. JOANNE WHITEHOUSE