

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 3:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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07/25/95--01105--015
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1995**

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



DOCUMENT # P94000005028 (3)
1. Corporation Name:
BJA, INC.

Principal Place of Business: **5934 RED BUG LAKE RD. WINTER SPRINGS FL 32708**
Mailing Address: **5934 RED BUG LAKE RD. WINTER SPRINGS FL 32708**

2. Principal Place of Business: **21** 26. Mailing Address: **26**
State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
City: **24** County: **25** City: **29** County: **30**

3. Date Incorporated or Qualified: **01/12/1994** 3a. Date of Last Report:
4. FEI Number: **59-3224222** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under 5-199-032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ANDRIANO, ROBERT M
5934 RED BUG LAKE RD.
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent:
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0601 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 607.0601, Florida Statutes.

SIGNATURE: _____ Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME: D ANDRIANO, ROBERT M	ADDRESS: 5934 RED BUG LAKE RD. WINTER SPRINGS FL 32708	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	2. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	4. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	6. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	7. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	8. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

CH

14. I hereby certify that the information supplied with this filing is accurate, truthful and does not qualify for the exemption stated in Sections 11.01(2)(c), Florida Statutes. I further certify that the information submitted for the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made with the full and correct address of the corporation or the person or persons authorized to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the filing if required to complete the filing with an address.

SIGNATURE: *Robert M Andriano* 4/30/95

TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR