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

DOCUMENT # P94000053489 (8)

BEJEI, INC.

FILED Apr 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				4 IDDIIDA IIA IDII BIDII BUII DAII DAII D	18181 81488 11111 81881 18118 1811 1881		
3850 NW 2ND AVE 14 NE 29TH ST							
SUITE 21		WILTON MANORS FL 33334		DO NOT WRITE IN THE ODACE			
BOCA RATON FL 33305 US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
00					07/15/1994		
2. Principal Pl	lace of Business	2a. Mailing Address		***************************************	4. FEI Number	Applied For	
27 14 NE 29th ST 26					65-0518845	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
27					5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 Wilton Manors, FL		28		Trust Fund Contribution	Added to Fees		
Zip Country 25 US		Zip Country		8. This corporation owes or has paid the current year Intangible			
24 3333			30		Personal Property Tax due June 30		
	9. Name and Address of Curren	it Registered Agent	B1	Name	10. Name and Address of New Regi	stered Agent	
	ITH, BETTY J			INDITIES			
14 NE 29TH ST			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
WIL	TON MANORS FL 33334	v	83	-			
				<u> </u>			
			84	City		65 Zip Code	
11 Pursuant i	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	e-named co	orporation submits this statement for the pur	pose of changing its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was au	ithorized b	y the corpo	ration's board of directors. I hereby accept	the appointment as registered	
-	m familiar with, and accept the obliq	7	ida Statute	S .		1/9/98	
SIGNATURE	Signature, typed or printed harne of registured agri	ent and title it applicable (NOTE:	Registered Ag	ent signature re	quired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	Р	DELETE	1.1 TITLE			Change Addition	
NAME	SMITH, BETTY J		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS		,	
CFTY-ST-ZIP			14 CITY-	ST-ZIP			
TITLE	A VODOVII ALIMINIE I	☐ DELETE	2 1 THTLE			Change Addition	
NAME	GORDON, TEMPLE L		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	WILTON MANORS FL			ST-ZIP		Change Addition	
TITLE	: 	□ ottere	3.1 TITLE			Change Addition	
NAME AXDEET ADDRESS			3.2 NAME	* 40000000			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE			3.4. City-	51-ZIP		Change Addition	
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS		l	
CITY-ST-ZIP	1		4 4 CITY-	i			
TITLE			5 1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME			5.2 NAME			;	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELE1E	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 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.