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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000068189

STREET ADDRESS

BEJO ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address		<u>,</u>			
2353 N.W. 10TH STREET		2353 N.W. 10TH STREET					
OCALA FL 34475		OCALA FL 34475			DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 09/13/1994		
Principal Place of Business     2a. Mailing Address					4. FEI Number		plied For
26		26			59-3267692		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		,	Trust Fund Contribution	Added to	) Fees
Zip	Country	Zip	Country		8. This corporation owes the current year li		□No
24	9. Name and Address of Curren	29 3	<u>0 </u>		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	Registered Agent	81	Name	10. Halle and Addition of How Hogistan		
CORREIA, BEVERLY A 2353 N W 10TH ST			82				
SUITE 232 delite			83				<del></del>
OCA	LA FL 34475					<del></del>	
			84	84 City FL 85 Zip Code			ode
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered ager	tions of, Section 607.0505, Florid	la Statutes.	·	on's board of directors. I hereby accept the app		jistered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PS	☐ DELETE	1.1 TITLE			Change	Addition
NAME			1.2 NAME				,
STREET ADDRESS	00414.51		1.3 STREET ADDRESS				1
CITY-ST-ZIP			1.4 CRY-ST 2.1 TITLE	T-ZIP		Change	☐ Addition
TITLE NAME	1'		2.1 MAME	Î			
STREET ADDRESS	COPO ANAL ACTU OTDEET		2.3 STREET	ADDRESS			
CITY-ST-ZIP	and the second s		2. 4 CITY-S		··	- <u></u>	
TITLE			3.1 TITLE			Change	☐ Addition
NAME	32		3.2 NAME				
STREET ADDRESS	TADDRESS 3.3		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Change	Addition
TITLE			4.1 TITLE			□ Citatige	
NAME			4.2 NAME	ADDRESS			}
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-21-	,	☐ Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition

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 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATUR

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90083 034 \*\*\*150.00