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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # P95000035467 (6)

BNJ MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED Apr 09 1996 8:00 am Secretary of State



1499 BRANDYWINE CIRCLE FORT MYERS FL 33919		1499 BRANDYWINE CIRCLE FORT MYERS FL 33919					
					3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report	
1	ace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	
l.,		26			65-0594699	Not Applic	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	······································		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip] 	Country 25	Zip 29]	Count 30	ry		□No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New F	legistered Agent	
NOWOR	YTA, H J		8	1 Name			
1499 BRANDYWINE CIRCLE FORT MYERS FL 33919			LL.		ddress (P.O. Box Nurriber is Not Acceptable)		
FUNI M	IENO FL 33918		8	3			
			8	4 City		FL 85 Zip Code	
or register	to the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	Horida, Such change was autho	azea by the co	named corpo poration's boa	ration submits this statement for the pur and of directors. Thereby accept the appr	coop of obvenies its secial and	
GNATURE _	Signature, typed or printed name of registered a	Manufacial Manufacture	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:= <u>_</u> =			
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of the early certify that the information indicated on this annual report or supplemental annual report or the exemption stated in Section 119.07(s)(k). 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 respicer or bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or eleasyged, or on an attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

H.J. Noworyta

4/3/96

941-433-0477

Owtree Phone