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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

P95000068421 (3)

BJ DESIGNS, INC.

DOCUMENT #

| BJ DESI | GNS, INC. | | | | | |
|---------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|-------------------------------|
| Principal Place of | of Business | Mailing Address | | | | |
| 508 NORTHWEST 77TH STREET BOCA RAATON FL 33487 | | 508 NORTHWEST 77TH STREET BOCA RAATON FL 33487 | | | | |
| BOOK INNITO | | | | 3. Date incorporated or Qualified 09/06/1995 | 3a. Date of Las | it Report |
| | | 2a. Maing Address | | 4. EELN.imber | | Applied For |
| 2. Principal Place of Business | | 26 | | 65-0617 536 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | T 1 T - | .75 Additional ee Required |
| 2 | | City & State | | 6. Election Campaign Financing | _ \$5 | 5.00 May Be |
| City & State | | 28 | | Trust Fund Contribution | | dded to Fees |
| 23 | Country | Žip | Country | 8. This corporation has liability for | intangible tax unde | ers 199.032, |
| Zip | 25 | 29 | 30 | | □ No | |
| 24 | 9. Name and Address of Currer | 10. Name and Address of New Registered Agent | | | | |
| | | | 81 Name — | DANINA B MA | UAKER | |
| 000000 | ATION CEDIACE COMBANY | | 82 Street Addr | ress (P.O. Box Nuniber is Not Acceptate | ole) | |
| | ATION SERVICE COMPANY | | GE SCOOL FROM | 508 NW 77 57 | | |
| | YS STREET | | 83 | | | ļ |
| TALLAHA | ASSEE FL 32301-2525 | | hard | | 85 | Zn.Code. |
| | | | 84 - 4 | es Roman | FL °° | 33487 |
| | 607.050 | 2 and 607 1609 Florida Stalute | s the above named corpo | ration submits this statement for the purind of directors. Thereby accept the app | rpose of changing | its registered office |
| or register familiar wi SIGNATURE | ed agent, or bourt, in the state of hor th, and accept the obligations of, Sec | tion 607.0505, Florida Statutes | ig try the corporation s boo 는 Registers Apent squares 하나 | 5 | -113126 | |
| 15 | | ND DIRECTORS | 13. | ADDITIONS/CHANGE'S TO OF | | |
| 12. | DYPT | [] DELETE | 1 1 Tufut | | Cha | ange 🔲 Addition |
| TITLE | 1 - • • | | 1.2 NAMS | | | |
| NAME | MANAKER, BARTON L 508 NORTHWEST 77TH STR | CCT | 1.3 STREET ADDRESS | | | |
| STREET ADDRESS | 508 NUNITWEST // IT ST | RATON | 1400 - 51.70 | _ | | |
| CITY-ST-ZIP | BOCA-RAATON FL 33487 | DELETE | 2 1 TITLE | SOB NW 7757 SOCIA RAYON FO | Ch. | ange 🔀 Addition |
| TITLE | DANLIA MANAT | | 22 NAM: | AHLIA | , p c | |
| NAME | DANLIA TIMONI | T | 2 3 STREET ADDRESS | 508 NW 773/ | | _ |
| STREET ADDRESS | | FL 33487 | 24 OITY ST-ZIP | COLD RAYON FO | - 3348 | 7 |
| CITY - S1 - ZIP | BOLA RATON | DELETE | 3 1 11/15 | CO CO TO | ☐ Ch | ange Addition |
| TITLE | | Lijostan | | | | |
| NAME | | | 3.2 NAMI | | | |
| STREET ADDRESS | | | 33 STRUET ADDRESS | | | |
| CITY - ST - ZIF | | E DELCAS | 3 4 CiTy - ST ZIP | | ☐ Cr | nange Addition |
| TITLE | | ☐ DELETE | 4 1 1/1LE | | | - |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CiTy - ST - ZiF | | l'T Cr | nange Addition |
| TITLE | | ☐ DELETE | 5 1 T (LF | | L o | |
| NAME | ! | | S 2 NAME | | | |
| | | | 5.3 STREET ADDITESS | | | |

64.01 SI-7/2

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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 certify 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.

54 CHY-ST ZIP

€ 3 STREET ADDRESS

6.4 C/IY SI-7/2

6 1 TI't F

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-Z:P

TITLE

NAME

JIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

☐ Addition