

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

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99 SEP 22 AM 10:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P95000068421

1. Corporation Name
BJ DESIGNS, INC.



Principal Place of Business
**508 NORTHWEST 77TH STREET
BOCA RATON FL 33487
155 NE 1ST STREET
DEERFIELD BEACH, FL 33441**

Mailing Address
**508 NORTHWEST 77TH STREET
BOCA RATON FL 33487
SAME**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **155 NE 1ST STREET**
Suite, Apt. #, etc.
22 City & State
DEERFIELD BEACH FL
Zip Country
33441 USA

2a. Mailing Address
26 **155 NE 1ST STREET**
Suite, Apt. #, etc.
27 City & State
DEERFIELD BEACH FL
Zip Country
33441 USA

3. Date Incorporated or Qualified
09/06/1995

4. FEI Number
65-0617532

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**MANAKER, DAHLIA
508 NW 77TH STREET
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81 Name **DAHLIA MANAKER**
82 Street Address (P.O. Box Number is Not Acceptable)
155 NE 1ST STREET
83
84 City **DEERFIELD BEACH** FL 85 Zip Code **33441**

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE *B.L. Manaker* (B.L. Manaker) Secy/TREAS 8/31/99
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MANAKER, BARTON L	
STREET ADDRESS	508 NORTHWEST 77TH STREET BOCA RATON FL	
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MANAKER, DAHLIA	
STREET ADDRESS	508 NW 77 ST BOCA RATON FL	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MANAKER, MATTHEW	
STREET ADDRESS	508 NW 77 ST BOCA RATON FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	DST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	BARTON L MANAKER		
1.3 STREET ADDRESS	155 NE 1ST STREET DEERFIELD BEACH FL 33441		
1.4 CITY-ST-ZIP			
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	DAHLIA MANAKER		
2.3 STREET ADDRESS	155 NE 1ST STREET DEERFIELD BEACH FL 33441		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	700002998497--1		
3.3 STREET ADDRESS	-09/28/99--01005--007		
3.4 CITY-ST-ZIP	****158.75 ****158.75		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B.L. Manaker* Secy/TREAS. 8/31/99 954-429-3125
Signature and typed or printed name of signing officer or director Date Daytime Phone #

KE

0303703

CR2E034 (11/98)



155 Northeast 1st Street
Deerfield Beach, Florida 33441
Telephone (800) 253-2247
Fax (954) 429-0788

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August 31, 1999

Sean Toner
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

We have just found our 1999 State of Florida Profit Corporation Annual Report, 1st notice.

We relocated last year and can only assume that this was misplaced in the move. We did not receive the 2nd notice, therefore, it must not have been forwarded to our new address.

I have enclosed \$150.00 for filing fee plus \$8.75 for a Certificate of Status. I would like to request that you please waive the penalty. We are very sorry for any confusion or inconvenience this may have caused.

Sincerely,

Barton L. Manaker

BLM/sl

encl.