

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083046 (8)

1. Corporation Name
CBJ, INC.

Principal Place of Business
1069 BRIELLE COURT
OVEIDO FL 32765

Mailing Address
1069 BRIELLE COURT
OVEIDO FL 32765-5404



3. Date Incorporated or Qualified 10/04/1996	3a. Date of Last Report
4. FEI Number 59-3409699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

RALEY, PATRICK A
STE. 7, 180 SOUTH KNOWLES AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name Bennie L. Hill
82 Street Address (P.O. Box Number is Not Acceptable) 1069 Brielle Ct
83
84 City Oviedo
85 Zip Code FL 32765

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: Bennie Hill SECRETARY/TREASURER DATE: 2-18-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DARISO, CURTIS		1.2 NAME	
STREET ADDRESS 1069 BRIELLE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP OVEIDO FL 32765		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILL, BENNIE		2.2 NAME	
STREET ADDRESS 1069 BRIELLE COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP OVEIDO FL 32765		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HATCHER, JEFFERY		3.2 NAME Hatcher, Jeffery	
STREET ADDRESS 1069 BRIELLE COURT		3.3 STREET ADDRESS 1826 Clacton Dr.	
CITY-ST-ZIP OVEIDO FL 32765		3.4 CITY-ST-ZIP Orlando FL 32837	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: X Bennie Hill DATE: 2-6-97 X 366-0372

CR2E034 (9/96)