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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000083046 (8)

CBJ, INC.

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



Principal Place	e or business	Mailing Address							
1069 BRIELLE COURT 1069 BRIELLE COURT									
OVEIDO FL 32765 OVEIDO FL 32765						DO NOT WRITE IN THIS SPACE			
							N IFISS	PACE	
						3. Date Incorporated or Qualified			1
	· · · · · · · · · · · · · · · · · · ·	1:			COV V	10/04/1996			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				59-3409699			ot Applicable
	#etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27						Fee R	equired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes or has paid	the curre	ent year In	tangible
24	25	29	30			Personal Property Tax due June 3			⊒ No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent									
BE	NNIE L HILL		81	1 N	ame				
1069 BRELLE CT				1 0	ina at A alabaa	ss (P.O. Box Number is Not Acceptable	-1		
		82 Street Address			ss (P.O. Box Number is Not Acceptable	=)			
01	IEDO FL 32765		83	3					
			84	4 C	ity		FI	85 Zip	Code
	10		- 11 - 11 -	ــــــــــــــــــــــــــــــــــــــ		and the state of t		1	*
office or re	to the provisions of Sections 507,050.	of Florida, Such change was a	es, the abov	ve-na ov the	imed corpor e corporation	ration submits this statement for the pu n's board of directors. I hereby accept	rpose of the appo	intment as	registered
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	Renoie L. H.L	(13 PM	ui i	7c	Jeu (SCCredory/Treasurer)	- 16	-98	
	Signature, typed or printed name of registered age		_ <u>-</u>	gent sig	gnature required	when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D	☐ DELETE	1.1 TITLE				i	Change	Addition
NAME	Dariso, Curtis		1.2 NAME	:					
STREET ADDRESS	1069 BRIELLE COURT		1.3 STREE	T ADDI	RESS				
CITY-ST-ZIP	OVEIDO FL 32765		1,4 CITY~	ST-ZIF	P				
TITLE	D	DELETE 2.1 T					- I	Change	☐ Addition
NAME	HILL, BENNIE	2.2 N							
STREET ADDRESS	1069 BRIELLE COURT		2.3 STREE		DECC				
	OVEIDO FL 32765				i				į
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY- 3.1 TITLE	- 51 - 41	-		1	Change	Addition
NAME	HATCHER, JEFFERY		3.2 NAME						
STREET ADDRESS	1826 CLACTONDR		3.3 STREE		1				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-		Р		-	— n	
TITLE		DELETE	4.1 TITLE				L	Change	☐ Addition
NAME			4. 2 NAME	E					
STREET ADDRESS			4.3 STREE	T ADDF	RESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	-				
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		BESS				
			5.4 CITY-		i i				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	JI ~ ZIP	-		-1	Change	Addition
		La Dictio						vinigo	
NAME			6.2 NAME						-
STREET ADDRESS			6.3 STREE						}
CITY-ST-ZIP			6.4 CITY-						
14 I hereby o	ertify that the information supplied wi	th this filing does not qualify fo	or the exemp	ntion	stated in Se	ection 119.07(3)(i), Florida Statutes. I fu	irther cert	ity that the	information I

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.

SIGNATURE: 150, 2000 TOWN LIEQUIRED Secretary 1-16-9

CR2E034 (10/97)