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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011744

1. Corporation Name

BJI FINANCIAL, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90201 008 ***150.00



Principal Place of Business Mailing Address								
222 SECOND STREET. NORTH POST OFFICE BOX 429								
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33731-0			129			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
•		•				02/05/1997		ļ
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
21		26				59-3424690	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	-
22		27				5. Certificate of otatus besired	Fee Red	quired
City & State		City & State			6. Election Campaign Financing	- \$5.00	,	
23	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	¬ ' —¬ '			8. This corporation owes the current year in		D
24	[25]	29 30	<u> </u>			Personal Property Tax.		□ No
	9. Name and Address of Current	Registered Agent	81	Nam		10. Name and Address of New Registered	Agent	
JENK	KINS, DAVID A		81	Ivan	ue			
222 SECOND STREET, NORTH			82	Stre	et Addre	Address (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33701			83					
SI. PETENOBUNG PE 30701			183					
			84	City	-	<u> </u>	85 Zip C	Code
44 Duramont	to the provisions of Sections 607 0502	and 607:1508 Florida Statutes	the above		ed corno			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	Signature, typed or printed name of registered agent	and title if andirable (NOTF: Rec	istered Ager	nt signatu	re required	when reinstating) DATE	 -	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	□ DELETE	1.1 TITLE				Change	Addition
NAME	IRWIN, IAN F		1.2 NAME					
STREET ADDRESS	222 SECOND STREET, NORTH		1.3 STREET	ADDRE:	ss			Į
CITY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CITY-5	T-ZIP				
TITLE	VPS	☐ DELETE	2.1 TITLE				Change	Addition
NAME	JENKINS, DAVID A		2.2 NAME		Ì			.]
STREET ADDRESS	222 SECOND STREET, NORTH		2.3 STREET	TADORE:	SS			j
CITY-ST-ZIP	ST. PETERSBURG FL 33701		2. 4 CITY-5	ST-ZIP	1			
TITLÉ	VP\$ ☐ DELETE 3.1 TI		3.1 TITLE				Change	☐ Addition
NAME	BRETT, DAVID A	•	3.2 NAME		-			1
STREET ADDRESS	222 SECOND STREET, NORTH		3.3 STREET	TADDRE	ss			
CITY-ST-ZIP	ST. PETERSBURG FL 33701		3.4. CITY-5	T-ZIP				
ΠΙLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME			•		}
STREET ADDRESS			4.3 STREET	T ADDRE	ss			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET		SS ({
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	•	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					1
STREET ADDRESS			6.3 STREET	ADDRE	ss			
CITY-ST-7ID		ï	6.4 CITY-S	T-ZIP	1	•		Ţ.

14. 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 poort 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 further 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 our an attachment with an address, with all other like empowered.

SIGNATURE:

3/30/99