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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000014718

1. Corporation Name

BJP ASSOCIATES INC.

FILED Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90064 050 ***150.00



Principal Place	e of Business	Mailing Address						
5352 FOX RUN	RD	5352 FOX RUN RD						
SARASOTA FL	34231	SARASOTA FL 34231			DO NOT WRITE IN T	HIS SPACE		
	•				3. Date Incorporated or Qualifed	THO OF AGE	·- ·- ·- ,	
					02/12/1997			
2 Principal P	lace of Business	2a. Mailing Address		· -	4. FEI Number	Ar	plied For	
21	, ,	26			65-0728114	<u> </u>	t Applicable	10
Suite, Apt.	#: etc.	Suite, Apt. #, etc.				\$8.75	Additional	٠.
22	,	27			5. Certifcate of Status Desired 3.7	Fee Re	equired	
City & State	e	City & State		 ,	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added		
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year		_	
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent		
040	OFN PARRY A	· · · · · · · · · · · · · · · · · · ·		81 Name				
PAS	SEN, BARRY J		ļ	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	<u>-i</u>		
	2 FOX RUN RD					4	11.571-211169	
SAH	ASOTA FL 34231			83		1.00 () () ()		
			Ì	84 City	3 3 5 3 3 5 4 5 5	85 Zip	Code	
grand man tree		<u> </u>		'		PL		
11 Purcuant	to the provisions of Sections 607 050	02 and 607.1508, Florida Stat	utes the at		poration submits this statement for the purpos	e of changing its	registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida, Such change was	authonzea	ny the comoration	on's board of directors. I hereby accept the a	ppointment as re	gistered	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga-	e of Florida. Such change was ations of, Section 607.0505, F	autnonzed Florida Statu	by the corporation tes.	on's board of directors, I hereby accept the a	ppointment as re	gistered	
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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: