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 # P97000043219

1. Corporation Name

BJM HOLDINGS, INC.

	•							
Principal Place of Business Mailing Address						#1 00 414 01 609 (1110 4100) (14018 1011 1001	
9500 NORTH HOLLYBROOK LAKE DRIVE 9500 N			YBROOK LAKE DI	RIVE				
BUILDING 5. A		BLDG 5, APT 101			DO NOT WIDITE I			
PEMBROKE PINES FL 33025 US PEMBROKE PINES FL 3302 US			FL 33025			DO NOT WRITE IN THIS SPACE		
US		Uo			3. Date Incorporated or Qualifed 05/15/1997			
2 Bringing D	lace of Business	2a. Mailing Addres			4 FELN	Ani	olied For	
	iace of business	26 Walling Address	,5		APPLIED FOR 65-076	-9319 HAPI	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, 6	etc.			. \$8.75 A		
22	4	27			5. Certifcate of Status Desired	Fee Red		
City & Stat	0	City & State		·	6. Election Campaign Financing	\$5.00	May Re	
23		28			Trust Fund Contribution	Added to	•	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current y	ear Intangible		
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Regis	stered Agent		
14.0	MI ACENTO INC		ĺ	81 Name	MAIN AGENT INC			
M & W AGENTS, INC.					Address (P.O. Box Number is Not Acceptable)	-		
PENTHOUSE I				210	PI-CORPORATE BLVG	<u> </u>		
9100 S DADELAND BLVD				83 730	•			
MAR	/II FL 33156		}	84 City	CA RATON, FLORIDA	85 Zip C	ode	
	•					_FL 3343	1- 7343	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change	e was authorized	by the corpo	corporation submits this statement for the purp ration's board of directors. I hereby accept the	ose of changing its a appointment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature re	quired when reinstating)	ATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO		
TITLE	D	☐ DEL	LETE 1.1 TIT	LE		Change	Addition	
NAME	SPENCER, BENJAMIN		1.2 NA/	ME,				
STREET ADDRESS	9500 NORTH HOLLYBROOK	lake drive	1.3 STI	REET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33025		1.4 CIT	Y-ST-ZIP	18177			
TITLE		☐ DEL	LETE 2.1 TIT	Œ		Change	Addition	
NAME			2.2 NA	ME {				
STREET ADDRESS	•		2.3 STT	REET ADDRESS				
CiTY-ST-ZIP	•		2.4 CF	TY-ST-ZIP				
TITLE	,	☐ DEI	LETE 3.1 TITI	LE		☐ Change	☐ Addition	
NAME -		. حيث درج جديد	3.2 NAJ	ΜE ·	د حد ۹ حسد، بي		<i>-</i>	
STREET ADDRESS	·		3.3 STI	REET ADDRESS				
CITY-ST-ZIP			3.4. CF	IY-ST-ZIP				
TITLE		☐ DEL	LETE 4.1 TIT	LE		Change	☐ Addition	
NAME			4. 2 NA	ME .				
STREET ADDRESS			4.3 STI	REET ADDRESS				
CITY-ST-ZIP			4,4 CIT	Y-ST-ZIP				
TITLE	,	☐ DEI	LETE 5.1 TIT	LE		☐ Change	☐ Addition	
NAME			5.2 NA	ME (
STREET ADDRESS			5.3 STI	REET ADDRESS				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

BENJ. B. SPENCER

FILED

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90069 050 ***150.00

Change

Addition