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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

P97000087838 (3)

B. J & M M. INC. Principal Place of Business Mailing Address 623 NW 7TH ST 623 NW 7TH ST **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 0787475 Not Applicable 21 Sulte, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible VYes □ No 24 25 29 Personal Properly Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SZCZEBAK O'NEIL, DONNA ESQ. 301 E COMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33334 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agont signature required when reinstating) Signature, typical or paritied harmooil teepest real agent and the diapple after 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE MORGAN, BILLARD 1.2 NAME NAME 623 NW 7TH ST STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33426** 14 CHY - ST - ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE MORGAN, JUDY NAME 2.2 NAME 623 NW 7TH ST 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP 2 4 CHTY - ST - ZIP DELFTE Change Addition TITLE 3.1 1/11 € 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - ZIP Addition ☐ DELETE Change TITLE 4.1 THEE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY-ST-ZIP DELETE Change Addition 5.1 111(F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 trusted 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.

Margan

2 - 30 - 98

FILED

May 11 1998 8:00am

Secretary of State