


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90168 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000096815

1. Corporation Name
BJS PROPERTIES, INC.

Principal Place of Business
**203 SOUTH 29TH STREET
FT PIERCE FL 34947**

Mailing Address
**203 SOUTH 29TH STREET
FT PIERCE FL 34947**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/13/1997	
21		26		4. FEI Number 65-0803175	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SLAY, BETTY J 203 SOUTH 29TH STREET FT PIERCE FL 34947				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 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. 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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAY, RICHARD S	1.2 NAME	
STREET ADDRESS	4313 BRIARCEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORMAN OK 73072	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAY, ROBERT L	2.2 NAME	
STREET ADDRESS	203 SOUTH 29TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34947	2.4 CITY-ST-ZIP	
TITLE	DVPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SANDRA A	3.2 NAME	
STREET ADDRESS	9495 GERMANY CANAL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34988	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, JULIE A	4.2 NAME	
STREET ADDRESS	990 N KINGS HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34947	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DEBORAH S	5.2 NAME	
STREET ADDRESS	221 GARDEN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SLAY BETTY
STREET ADDRESS		6.3 STREET ADDRESS	203 S 29th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Pierce FL 34947

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)