## 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 # P98000051342

## **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90034 042 \*\*\*158.75

| BJM INT  | ERNÄTIONAL SERVICES   | S, INC.                            |   |                              |                                |   |   |                          |                         |
|--|---|------------------------------------|---|------------------------------|--------------------------------|---|---|--------------------------|-------------------------|
| Dringing Blace   | of Business   | Ma                                 | iling Address                                 |                              |                                |   | C TOURTORY CENTURY CHILD CONTROL OF THE SECONDARY SECONDARY SECONDARY SECONDARY SECONDARY SECONDARY SECONDARY | ildi alibi ildak tilti a | 11212 1161 1991         |
| Principal Place of Business Mailing Address  201 E. PINE ST., STE, 500  ORLANDO FL 32801  ORLANDO FL 32801  Mailing Address  201 E. PINE ST., STE, 500  ORLANDO FL 32801 |   |                                    |   |                              |                                |   | DO NOT WRITE IN T   | HIS SPACE                |                         |
|  |   |                                    |   |                              |                                |   | 3. Date Incorporated or Qualifed 06/05/1998   |                          |                         |
| 2. Principal Place of Business 2a. Mailing Addr<br>21 26   |   |                                    | Mailing Address                               | ,<br>                        |                                |   | 4. FEI Number 59-35/4/16  |                          | olied For<br>Applicable |
| Suite, Apt. #, etc.  |   |                                    | Suite, Apt. #, etc.                           |                              |                                |   | 5. Certificate of Status Desired  | \$8.75 A                 |                         |
| City & Stat  | e   | 28                                 | City & State                                  |                              |                                |   | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00<br>Added to       |                         |
| Zip Country  |   |                                    | Zip Country                                   |                              |                                |   | 8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No                        |                          |                         |
| 24   | 9. Name and Address of Current Registered Agent                         |                                    |   |                              |                                |   | 10. Name and Address of New Register  | ed Agent                 |                         |
|  | <u> </u>  | urtent Negis                       | ered Agent                                    | 8                            | 1 Na                           | me  |   |                          |                         |
| BOELENS, MARTIN W<br>201 E. PINE ST., STE. 500   |   |                                    |   | 8                            | 82 Street Add                  |   | ss (P.O. Box Number is Not Acceptable)  |                          |                         |
| ORL  | ANDO FL 32801   |                                    |   | 8                            | 3                              |   |   |                          |                         |
|  |   |                                    |   | 8                            | 84 City                        |   |   | <b>5</b> Zip C           | Code                    |
| i office or r  | egistered agent, or both, in the a<br>m familiar with, and accept the o | State of Florid<br>obligations of, | a. Such change was a<br>Section 607.0505, Flo | uthorized b<br>orida Statute | y tne e<br>s.                  | corporation   | ration submits this statement for the purpose is board of directors. I hereby accept the ap                   | pomment as reg           | registered<br>gistered  |
|  | Signature, typed or printed name of register                            |                                    |   |                              | ent sign                       | sture required s                                    | ADDITIONS/CHANGES TO OFFICERS   |                          | OC IN 12                |
| 12.  | OFFICERS AND DIRECTORS  |                                    |   | 13.                          |                                |   | ☐ Change  | Addition                 |                         |
| TITLE<br>NAME  | ☐ D£LETE  |                                    |   | 1.1 TITLE<br>1.2 NAME        |                                | RTIN W. BOCKAS, JR. SOO<br>I E. PING ST., Suite SOO | Critarige   | AI Audilion              |                         |
| STREET ADORESS   |   |                                    |   | 1.3 STREET ADDRESS           |                                | RESS OF   | Plando, FC 32801  |                          |                         |
| CITY-ST-ZIP<br>TITLE   |   | ☐ DELETE                           |   |                              |                                |   |   | Change                   | Addition                |
| NAME   |   |                                    |   |                              | 2.2 NAME<br>2.3 STREET ADDRESS |   | CRETARY<br>NAM H. Blankinship<br>1 B. Pince ST., Suite So   |                          |                         |
| STREET ADDRESS   |   |                                    |   |                              |                                | RESS 70   | Flands, Fl 32801  |                          | -                       |
| CITY-ST-ZIP<br>TITLE   | DELETE  |                                    |   |                              |                                |   | . T + + ACIVED  | ☐ Change                 | Addition                |
| NAME   |   |                                    |   | 3.2 NAME                     |                                | WROY A. STONLY                                      |   |                          |                         |
| STREET ADDRESS   | 3   |                                    |   | 3.3 STREET ADDRESS           |                                | HROY A. STONAY  ILE, PINEST, SUITE SO               |   |                          |                         |
| CITY-ST-ZIP  |   |                                    | 3.4. CITY                                     | 3.4. CITY-ST-ZIP             |                                | Flandy, FC 32801                                    |   |                          |                         |
| TITLE  | ☐ DELETE  |                                    |   | 4.1 TITLE                    |                                |   | ☐ Change  | ☐ Addition               |                         |
| NAME   |   |                                    | 4. 2 NAM                                      | 4. 2 NAME                    |                                |   |   |                          |                         |
| STREET ADDRESS   | PRESS   |                                    |   | 4.3 STRE                     | 4.3 STREET ADDRESS             |   |   |                          |                         |
| CITY-ST-ZIP  |   | _                                  |   | 4.4 CITY                     |                                |   |   | Change                   | ☐ Addition              |
| TITLE  | DELETE  |                                    |   | 5.1 TITLE<br>5.2 NAME        |                                |   | ☐ Change  | ☐ Addition               |                         |
| NAME   |   |                                    |   | 5.3 STRE                     |                                | RESS  |   |                          |                         |
| STREET ADDRESS   |   |                                    |   | 5.3 STRE<br>5.4 CITY-        |                                |   |   |                          |                         |
| CITY-ST-ZIP  |   |                                    | ☐ DELETE                                      | 6.1 TITLE                    |                                |   | ···   | ☐ Change                 | Addition                |
| NAME   |   |                                    | <b>—</b>                                      | 6.2 NAMI                     | •                              |   |   | *                        |                         |
| STREET ADDRESS   |   |                                    |   | 6.3 STRE                     |                                | RESS  |   |                          |                         |
| CITY-ST-ZiP  |   |                                    |   | 6.4 CITY                     |                                |   |   |                          |                         |

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: