

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S76605 (2)
 1. Corporation Name
B.J. CREATIONS INC.



Principal Place of Business 5520 58TH STREET NORTH KENNETH CITY FL 33709	Mailing Address 5520 58TH STREET NORTH KENNETH CITY FL 33709-2038
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2. Principal Place of Business 21 5544 58th St. Nth. Suite, Apt. #, etc. 22	2a. Mailing Address 26 5544 58th St Nth. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 08/29/1991	3a. Date of Last Report 05/01/1996
23 KENNETH CITY, FLORIDA City & State 28 KENNETH CITY, FLORIDA City & State	24 33709 Zip 25 U.S.A. Country	4. FEI Number 65-0275512	Applied For Not Applicable
29 33709 Zip	30 U.S.A. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent WALKER, BARBARA 5400 54TH AVE., NORTH #C ST. PETERSBURG FL 33709		10. Name and Address of New Registered Agent	
		81 Name WALKER, BARBARA.	
		82 Street Address (P.O. Box Number is Not Acceptable) 6126 58th St. North.	
		83	
		84 City ST. PETERSBURG,	85 Zip Code 33709

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: **BARBARA J. WALKER** DATE: **4/28/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PT WALKER, BARBARA	1.2 NAME	
STREET ADDRESS	5400 54TH AVE, NORTH, #C	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS LOCK, JOSEPH A.H.	2.2 NAME	
STREET ADDRESS	10029, GULF BLVD, #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISL FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Barbara J. Walker** DATE: **4-28-97** (913) 5419-6135

CR2E034 (9/96)