

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

FILED

**Jul 08 1997 8:00am
Secretary of State**

*** PROFIT CORPORATION ANNUAL REPORT 1997 AMENDED**

FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT #
1. Corporation Name
FBJ, Inc. *S81654*

Principal Place of Business Mailing Address
2065 Eagles Rest Dr. P. O. Box 4098
Apopka, FL Apopka, FL
32712 32704

2. Principal Place of Business 2a. Mailing Address
21 1428 E. Semoran Blvd 2a P. O. Box 4098
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Ste. 106 27
City & State City & State
23 Apopka, FL 23 Apopka, FL
Zip Zip Country
24 32703 24 USA 25 32704 25 USA

3. Date Incorporated or Qualified: 9/20/91 3a. Date of Last Report: 4/25/97
4. FFI Number: 59-3085843 4a. Addition For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for payable tax under s. 109.032, Florida Statutes: Yes No

8. Name and Address of Current Registered Agent
Jim Eaker
2065 Eagles Rest Dr.
Apopka, FL 32712

10. Name and Address of New Registered Agent
81 Name: Marylyn Walton-Frazer
82 Street Address (P.O. Box Number is Not Acceptable): 1428 E. Semoran Blvd. Ste. 106
83
84 City: Apopka 85 State: FL 86 Zip Code: 32703

11. Pursuant to the provisions of Sections 807.0507 and 807.1704, 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 807.0505, Florida Statutes.
SIGNATURE: *Marylyn Walton-Frazer* DATE: *7/1/97*

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	Jim Eaker	
STREET ADDRESS	2065 Eagles Rest Dr.	
CITY-STATE-ZIP	Apopka, FL 32712	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	Bruce Eaker	
STREET ADDRESS	216 Afton Square #106	
CITY-STATE-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Marylyn Walton-Frazer	
13 STREET ADDRESS	1428 E. Semoran Blvd. Ste. 106	
14 CITY-STATE-ZIP	Apopka, FL 32703	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	100002233511	
53 STREET ADDRESS	-07/09/97--01024--021	
54 CITY-STATE-ZIP	***61.25	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing complies with the exemptions stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained on this report is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made in person. I am familiar with, and accept the obligations of the provisions of the Statutes of the State of Florida, and that my name appears on Block 12 or Block 13 of this report. I am an individual with no additions.
SIGNATURE: *Marylyn Walton-Frazer* DATE: *7/1/97* TELEPHONE: *(407) 884-7888*

CFR2034 (9/96)