

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V55413** (1)

1. Corporation Name  
**B. S., JR., INC.**

Principal Place of Business  
**105 STILLWELL LANE  
LAUREL HOLLOW NY 11704**

Mailing Address  
**105 STILLWELL LANE  
LAUREL HOLLOW NY 11704**

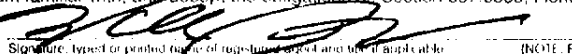


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1992</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>65-0357248</b>	Applied For Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SIMONE, WILLIAM 690 STARLIGHT LANE JUNO BEACH FL 33408</b>		10. Name and Address of New Registered Agent	
81 Name	<b>SIMONE, WILLIAM</b>		
82 Street Address (P.O. Box Number Is Not Acceptable)	<b>1946 HOLMAN DR.</b>		
83	<b>JUNO BEACH</b>		
84 City	85	Zip Code <b>FL 33408</b>	

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  **WILLIAM SIMONE** DATE **4-6-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMONE, WILLIAM</b>	12 NAME	
STREET ADDRESS	<b>105 STILLWELL LANE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUREL HOLLOW NY 11704</b>	14 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SIMONE, PETER</del>	22 NAME	
STREET ADDRESS	<del>105 STILLWELL LANE</del>	23 STREET ADDRESS	
CITY-ST-ZIP	<del>LAUREL HOLLOW NY 11704</del>	24 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMONE, LORYN</b>	32 NAME	
STREET ADDRESS	<b>105 STILLWELL LANE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUREL HOLLOW NY 11704</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMONE, GLORIA</b>	42 NAME	
STREET ADDRESS	<b>105 STILLWELL LANE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUREL HOLLOW NY 11704</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 recipient 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  DATE **4-6-98**

CR2E034 (10/97)