

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sherrie B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V64685** (3)
1. Corporation Name
B.J.C.W. INC.



Principal Place of Business: **2550 26TH STREET WEST BRADENTON FL 34205**
Mailing Address: **2550 26TH STREET WEST BRADENTON FL 34205**

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |

| | |
|---|--|
| 3. Date Incorporated or Organized 09/17/1992 | 3a. Date of Last Report 04/04/1995 |
| 4. FEI Number 65-0355167 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent

**KAISER, WESLEY G.
2550 26TH STREET WEST
BRADENTON FL 34205**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.07(2) and 607.19(4), 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 607.07(2), Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|---|
| TITLE | PSTD KAISER, WESLEY G. | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAISER, WESLEY G. | 11 NAME | |
| STREET ADDRESS | 2550 26TH STREET WEST | 12 NAME | |
| CITY-ST-ZIP | BRADENTON FL | 13 STREET ADDRESS | |
| TITLE | V1 | 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAISER, WILLIAM J. | 15 NAME | |
| STREET ADDRESS | 3813 HIGHLAND AVE. | 16 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34205 | 17 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | V2 | 18 NAME | |
| NAME | KAISER, CAROLYN F. | 19 STREET ADDRESS | |
| STREET ADDRESS | 3814 SOUTHERN PKWY. W. | 20 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | BRADENTON FL 34205 | 21 NAME | |
| TITLE | V3 | 22 STREET ADDRESS | |
| NAME | KAISER, JANET | 23 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3813 HIGHLAND AVE | 24 NAME | |
| CITY-ST-ZIP | BRADENTON FL 34205 | 25 STREET ADDRESS | |
| TITLE | | 26 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 27 NAME | |
| STREET ADDRESS | | 28 STREET ADDRESS | |
| CITY-ST-ZIP | | 29 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 30 NAME | |
| NAME | | 31 STREET ADDRESS | |
| STREET ADDRESS | | 32 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | 33 NAME | |
| TITLE | | 34 STREET ADDRESS | |
| NAME | | 35 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 36 NAME | |
| CITY-ST-ZIP | | 37 STREET ADDRESS | |
| TITLE | | 38 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 39 NAME | |
| STREET ADDRESS | | 40 STREET ADDRESS | |
| CITY-ST-ZIP | | 41 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 42 NAME | |
| NAME | | 43 STREET ADDRESS | |
| STREET ADDRESS | | 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | 45 NAME | |
| TITLE | | 46 STREET ADDRESS | |
| NAME | | 47 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 48 NAME | |
| CITY-ST-ZIP | | 49 STREET ADDRESS | |
| TITLE | | 50 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 51 NAME | |
| STREET ADDRESS | | 52 STREET ADDRESS | |
| CITY-ST-ZIP | | 53 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 54 NAME | |
| NAME | | 55 STREET ADDRESS | |
| STREET ADDRESS | | 56 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | 57 NAME | |
| TITLE | | 58 STREET ADDRESS | |
| NAME | | 59 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 60 NAME | |
| CITY-ST-ZIP | | 61 STREET ADDRESS | |
| TITLE | | 62 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 63 NAME | |
| STREET ADDRESS | | 64 STREET ADDRESS | |
| CITY-ST-ZIP | | 65 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 person or persons empowered to execute this report as required by Chapter 632, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on attached block, with an address.

SIGNATURE: *Wesley G. Kaiser* **Wesley G. KAISER** 3-13-96 941-749-5672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)