

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300001480943  
-05/03/95--01098--0016  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~582435~~ 582346

1. Corporation Name  
B & S VENTURES INC

Principal Place of Business Mailing Address  
PO BOX 810654  
BOCA RATON, FL 33481

3. Date Incorporated or Qualified 8-7-78  
3a. Date of Last Report

2. Principal Place of Business 21 2470 NE 201 <sup>st</sup> ST Suite, Apt #, etc	2a. Mailing Address 26 2470 NE 201 <sup>st</sup> ST Suite, Apt #, etc	4. FEI Number 59-1845398	Applied For Not Applicable
22 City & State 23 NO MIAMI BEACH FL	27 40 BERNARD SULTAN City & State 28 NO MIAMI BEACH FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33180 Zip Country	29 33180 Zip Country	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent GAD, SAX MEYER & SIRLIN 1499 WEST PALMETTO PARK ROAD BOCA RATON FL 33432		10. Name and Address of New Registered Agent	

25	26	27	28	29	30
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 0902 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 0905 Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and how it appears NOTE: Registered Agents signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUEK, RICHARD	1.2 NAME	
STREET ADDRESS	PO BOX 810654	1.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 33481	1.4 CITY ST ZIP	
TITLE	P/S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULTAN, BERNARD	2.2 NAME	SULTAN BERNARD
STREET ADDRESS	PO BOX 810654	2.3 STREET ADDRESS	2470 NE 201 <sup>st</sup> STREET
CITY ST ZIP	BOCA RATON, FL 33481	2.4 CITY ST ZIP	NORTH MIAMI BEACH, FL 33182
TITLE		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		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		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		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 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 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: *(X) Bernard Sultan, Sec* *(X) 4/24/95 (305) 936-9897*  
Signature typed or printed name of signing officer or director Date