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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G89264
 1. Corporation Name
BBBS WORDS, INCORPORATED

(7)



Principal Place of Business: **1818 CAESAR WAY S. ST PETERSBURG FL 33712**
 Mailing Address: **1818 CAESAR WAY S. ST PETERSBURG FL 33712-4220**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/07/1984**
 3a. Date of Last Report: **05/01/1996**
 4. FFL Number: **59-2440562**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BURKE, DONALD E. 1818 CAESAR WAY SOUTH ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ (Signature, typed or printed name of registered agent and title of agent)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURKE, DONALD E	
STREET ADDRESS	1818 CAESAR WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURKE, PATRICIA M.	
STREET ADDRESS	1818 CAESAR WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BURKE, ROBERT J.	
STREET ADDRESS	6110 WHITEWAY DR	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKE, RICHARD E.	
STREET ADDRESS	309 N GERTRUDA AVE	
CITY-ST-ZIP	REDONDO BCH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKE, BARBARA P.	
STREET ADDRESS	959 STONEWOOD LANE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKE, WILLIAM J.	
STREET ADDRESS	2309 E DOUBLEGATE DRIVE	
CITY-ST-ZIP	ALBANY GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	33712
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	33712
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	33617
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	90277
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	32751
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D BURKE, WILLIAM J.
63 STREET ADDRESS	308 LORUNA DR
64 CITY-ST-ZIP	GULF BREEZE FL 32561

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: *Donald E Burke PD* DONALD E BURKE 13 MAR 97 0131867-1576

CR2E034 (9/96)