

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # G89264 (7)**

1. Corporation Name  
**BBBS WORDS, INCORPORATED**

|  |  |
|--|--|
| Principal Place of Business<br><b>1818 CAESAR WAY S.<br/>                 ST PETERSBURG FL 33712</b> | Mailing Address<br><b>1818 CAESAR WAY S.<br/>                 ST PETERSBURG FL 33712</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

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

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>03/07/1984</b>  |  |
| 4. FEI Number<br><b>59-2440562</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 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 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------|---|---|
| TITLE                      | PD                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURKE, DONALD E    | 1.2 NAME  |   |
| STREET ADDRESS             | 1818 CAESAR WAY S. | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ST PETERSBURG FL   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURKE, PATRICIA M. | 2.2 NAME  |   |
| STREET ADDRESS             | 1818 CAESAR WAY S. | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ST PETERSBURG FL   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURKE, ROBERT J.   | 3.2 NAME  |   |
| STREET ADDRESS             | 6110 WHITEWAY DR   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TEMPLE TERRACE FL  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURKE, RICHARD E.  | 4.2 NAME  |   |
| STREET ADDRESS             | 309 N GERTRUDA AVE | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | REDONDO BCH CA     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURKE, BARBARA P.  | 5.2 NAME  |   |
| STREET ADDRESS             | 959 STONEWOOD LANE | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MAITLAND FL        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURKE, WILLIAM J.  | 6.2 NAME  |   |
| STREET ADDRESS             | 308 LORUNA DR.     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GULF BREEZE FL     | 6.4 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 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* DONALD E BURKE PRES 30 Feb 98 (813) 867-1576

CR2E034 (10/97)