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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # M52092

(7)

B B & B MANAGEMENT CONSULTANTS, INC.

Principal Place of Business Mailing Address

12011 CLEVELAND AVENUE. UNIT #6
FT. MYERS FL 33907

Mailing Address

12011 CLEVELAND AVENUE. UNIT #6
FT. MYERS FL 33907-3751

						05/14/1987	04/16/1996			
2. Princ-pal	Place of Business	28. Mailing Address	g Address			4. FEI Number			pplied For	
21						65-0017331		N.	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired		\$8.75	Additional	
22						5. Certificate of Status Desired	li	Fee R	equired	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Coi	intry	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. This corporation has liability for	or intangible	e tax under s	3. 199.032,	
24	25	29	30			Florida Statutes	Yes	X No		
	9, Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered	Agent		
BA	JLEY, JOHN			81	Name					
11550 SW 25TH STREET Davie FL 33325					62 Street Address (P.O. Box Number is Not Acceptable)					
					onder nouress (1.0, box radinos la radi noceptable)					
				83		***************************************				
									O. I.	
				84	City		FL	85 Zip	Code	
11. Purshai	nt to the provisions of Sections 607.05	502 and 607.1508. Florida Si	talules, the a	bove	e-named corp	oration submits this statement for the	purpose (of changing	its registered	
office o	r registered agent, or both, in the Stat	te of Florida. Such change v	vas authorize	ed by	the corporati	on's board of directors. I hereby acc	ept the ap	pointment as	registered	
agent l	I am famil ar with, and accept the obli	ganons or, section 607,050:	o, rionda Sia	iu(e s	s.					
SIGNATUR	Styriota e type d'ar protod name of registered a	ment and tille if applieshis	(NOTE Flanisters	and he	onl s poalure recoire	ed when reinstating)	DATE	·		
12.		ND DIRECTORS	13.	o Ago	an a grittina regan	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
7016	PI	DELETE		ITLE				Change	Addition	
NAME	BAILEY, JOHN			IAME						
	ALTER OUL APPLIANT		- 1		1000000					
STHEET ADDRES	DAVIE FL				ADDRESS					
City+S1+7iP Title	VS	☐ DELETE		TY-S	I-ZIP			Change	Addition	
	BAILEY, JAMES							Onlange	LJ NOGRIGIT	
NAMI			1	LAME						
STREET ADDRES			- 1		ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL	Do. cve			ST-ZIP			T 200	T Adds	
Mil		DELETE	1					☐ Change	Addition	
NAME			321	IAMÉ						
STREET ADDRES	iS		3.3 9	TREET	ADDRESS					
City-ST-7iP					ST-ZIP				77.0	
THLE		☐ DELETE	4.1 7	TLE				Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS	55 C		4.3 5	STREET	ADDRESS					
City-SI-7-2				CITY - S	ST-ZIP					
TITLE		DELETE	5.1 1	ITLE				Change	Addition	
NAME			5.2	IAME						
STREET ADDRESS	ss		5.3 5	TREET	ADDRESS					
C(1 Y - \$1 - 2)P	1		5.4 (CITY - S	ST-ZIP					
TITLE		☐ DELETE		~			···	☐ Change	Addition	
NAME			6.21	IAME	ŀ					
STREET ADDRES			1		ADDRESS					
C([Y+S1-7]P	33				ST-ZIP					

i. 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 contraction 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 flock 13 if finanged; or on an attachment with an address.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF

G OFFICER OR DIRECTOR

President 3/24/97 941

Daytine Prone #

FILED

Mar 28 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report