

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 CMRR# Z 167 562 933

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056596 (6)

1. Corporation Name

From: ~~B & B FINANCIAL CONSULTANTS, INC.~~

To: B & B Operations, Inc. (effective 1/19/96)



Principal Place of Business

Mailing Address

~~21 SOUTH BISCAYNE BLVD.~~
~~SUITE 2950~~
~~MIAMI FL 33131~~

~~201 SOUTH BISCAYNE BLVD.~~
~~SUITE 2950~~
~~MIAMI FL 33131~~

2. Principal Place of Business

2a. Mailing Address

21 201 South Biscayne Blvd.

26 201 South Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2950

27 Suite 2950

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip Country

Zip Country

24 33131

29 33131

30

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

4. FEI Number

65-0628104

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

~~B & B CORPORATE SERVICES, INC.~~
~~201 SOUTH BISCAYNE BLVD.~~
~~SUITE 2950~~
~~MIAMI FL 33131~~

81 Name

Steven N. Bronson

82 Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd.

83

Suite 2950

84

City
Miami

FL

85 Zip Code
33131

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.

4/30/96

SIGNATURE

(Print Name of Registered Agent or Signatory on behalf of the Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
BRONSON, STEVEN N
STREET ADDRESS
2101 W. COMMERCIAL BLVD. SUITE 1500
CITY-ST-ZIP
FT. LAUDERDALE FL 33309

1.1 TITLE ☐ Change ☒ Addition

President

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Bronson, Steven N.
201 S. Biscayne Blvd., Suite 2950
Miami, FL 33131

TITLE ☐ DELETE

NAME
BARBER, BRUCE C
STREET ADDRESS
2101 W. COMMERCIAL BLVD. SUITE 1500
CITY-ST-ZIP
FT. LAUDERDALE FL 33309

2.1 TITLE ☐ Change ☒ Addition

Exec. Vice President

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Cassel, James S.
201 S. Biscayne Blvd., Suite 2950
Miami, FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Barber, Bruce C.
2101 W. Commercial Blvd., Suite 1500
Ft. Lauderdale, FL 33309

3.1 TITLE ☐ Change ☒ Addition

Vice President

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Barber, Bruce C.
2101 W. Commercial Blvd., Suite 1500
Ft. Lauderdale, FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Booth, Barry J.
201 S. Biscayne Blvd., Suite 2950
Miami, FL 33131

4.1 TITLE ☐ Change ☒ Addition

Secretary/Treasurer

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Booth, Barry J.
201 S. Biscayne Blvd., Suite 2950
Miami, FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Booth, Barry J.
201 S. Biscayne Blvd., Suite 2950
Miami, FL 33131

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(305) 536-8500

CR2E034 (12/95)