

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000057907 (4)
1. Corporation Name

B & B BOOKS, INC.



Principal Place of Business Mailing Address
670 SPRING LAKE BLVD PT CHARLOTTE FL 33952 670 SPRING LAKE BLVD PT CHARLOTTE FL 33952

2. Principal Place of Business
21 2886 Tamiami Trail
22 Suite #5
23 Pt. Charlotte, FL
24 33952 25 USA
26 Suite, Apt. #, etc.
27 Suite #5
28 Pt. Charlotte, FL
29 33952 30 USA

3. Date Incorporated or Qualified 07/24/1995
3a. Date of Last Report
4. FEI Number 65-0612480 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

9. Name and Address of Current Registered Agent
YOUNT, WILLIAM A
670 SPRING LAKE BLVD
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE P
NAME William A. Yount
STREET ADDRESS 670 SPRING LAKE BLVD.
CITY-ST-ZIP PT. CHARLOTTE, FL 33952
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE T/S
22 NAME Barbara L. Yount
23 STREET ADDRESS 670 Springlake Blvd. Pt. Charlotte, FL
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE 000001823910
52 NAME -05/16/96--01013--012
53 STREET ADDRESS ***208.75
61 TITLE
62 NAME
63 STREET ADDRESS
64 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: William A. Yount William A. Yount 4-26-96 941255-3517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date & Phone #

CR2E034 (12/95)

S-1-96
JR