

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

**FILED**

**Apr 28 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 # P95000074180 (7)**

1. Corporation Name  
**B B & B MANAGEMENT GROUP, INC.**



Principal Place of Business: 3232 WELLINGTON RD ALEXANDRIA VA 22302  
Mailing Address: 3232 WELLINGTON RD ALEXANDRIA VA 22302-2229

3. Date Incorporated or Qualified: 09/25/1995  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 1531 E. COMMERCIAL BLVD  
2a. Mailing Address: 27 5410 LYONS RD

4. FEI Number: 58-2206957  
Applied For: Not Applicable

22. Suite Apt # etc.: 27 #105

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State: 23 FT. LAUDERDALE FL  
28. City & State: 28 COCONUT CREEK FL

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 33334  
25. Country: USA  
29. Zip: 33073  
30. Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
MINTON, MICHAEL D  
1903 S 25TH ST  
FT PIERCE FL 34947

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, DERBY H	1.2 NAME	
STREET ADDRESS	3232 WELLINGTON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22302	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINUZZI, DARLENE A	2.2 NAME	MARTINUZZI, DARLENE
STREET ADDRESS	2407 SIMPKINS FARM DR	2.3 STREET ADDRESS	5410 LYONS RD #105
CITY-ST-ZIP	HERNDON VA 22071	2.4 CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLSON, SUSAN R	3.2 NAME	
STREET ADDRESS	3250 S UTAH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22206	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, CAROLYN	4.2 NAME	CRISP, CAROLYN
STREET ADDRESS	2407 SIMPKINS FRAT DRIVE	4.3 STREET ADDRESS	5410 LYONS RD #105
CITY-ST-ZIP	HERNDON VA	4.4 CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Carolyn Crisp CAROLYN CRISP 4/3/97 954-202-0919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)