

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

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000074180 (7)**  
1. Corporation Name  
**B B & B MANAGEMENT GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1831 E COMMERCIAL BLVD FT LAUDERDALE FL 33334 US</b>	Mailing Address <b>5410 LYONS RD #105 COCONUT CREEK FL 33073 US</b>
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3. Date Incorporated or Qualified <b>09/25/1995</b>	4. FEI Number <b>58-2206957</b>	Applied For <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		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>MINTON, MICHAEL D 1903 S 25TH ST FT PIERCE FL 34947</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, DERBY H</b>	1.2 NAME	
STREET ADDRESS	<b>3232 WELLINGTON RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALEXANDRIA VA 22302</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINUZZI, DARLENE A</b>	2.2 NAME	<b>DARLENE MARTINUZZI</b>
STREET ADDRESS	<b>5410 LYONS RD., #105</b>	2.3 STREET ADDRESS	<b>3566 COCO LAKE DRIVE</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	2.4 CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOLSON, SUSAN R</b>	3.2 NAME	<b>SUE TOLSON</b>
STREET ADDRESS	<b>3250 S UTAH ST</b>	3.3 STREET ADDRESS	<b>5030 NE 18th AVE #307</b>
CITY-ST-ZIP	<b>ARLINGTON VA</b>	3.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33334</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRISP, CAROLYN</b>	4.2 NAME	<b>CAROLYN CRISP</b>
STREET ADDRESS	<b>5410 LYONS RD #105</b>	4.3 STREET ADDRESS	<b>3566 COCO LAKE DRIVE</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	4.4 CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>
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 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, changed, or on an attachment with an address

SIGNATURE: *Carolyn Crisp* **CAROLYN CRISP** 4/6/98 954-202-0919

CR2E034 (10/97)