

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S38874** (1)

1. Corporation Name
B.B.B. INVESTMENT COMPANY OF SOUTH FLORIDA



Principal Place of Business Mailing Address
645 VIA MEZNER STE. 802 NAPLES FL 33963

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **03/19/1991** 3a. Date of Last Report **12/21/1995**
4. FCI Number **65-0322014** 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. 190.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**THOMPSON, STEPHEN R
3033 RIVERA DR
STE 201
NAPLES FL 33940**

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 607.0602 and 607.0608, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of registered agent or new registered agent

Signature of current registered agent

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | MCEWAN, ELIZABETH B | |
| STREET ADDRESS | 645 VIA MEZNER, STE. 802 | |
| CITY-ST-ZIP | NAPLES FL 33963 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | |
| 1. STREET ADDRESS | |
| 1. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. TITLE | |
| 2. NAME | |
| 2. STREET ADDRESS | |
| 2. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME | |
| 3. STREET ADDRESS | |
| 3. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | |
| 4. STREET ADDRESS | |
| 4. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | |
| 5. STREET ADDRESS | |
| 5. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 6. STREET ADDRESS | |
| 6. 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 trustee 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: *Elizabeth B. McEwan* ELIZABETH B. MC EWAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1996 x 941-514-1062

CR2E034 (12/95)