

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V14843** (9)

1. Corporation Name  
**BUSY BEES OF BROWARD, INC.**



Principal Place of Business: **6848 NW 27TH TERRACE FT. LAUDERDALE FL 33309**  
Mailing Address: **6848 NW 27TH TERRACE FT. LAUDERDALE FL 33309**

2. Foreign Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. g. Name and Address of Current Registered Agent	30. Name and Address of New Registered Agent

3. Date Incorporated or Qualified <b>02/13/1992</b>	3a. Date of Last Report <b>02/20/1995</b>
4. FEI Number <b>59-3110973</b>	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**TANKEL, ROBERT L.  
33 N GARDEN AVE  
S-960  
CLEARWATER FL 34615**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	

11. Pursuant to the provisions of Sections 607.042 and 607.049, 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 I accept the obligations of Section 607.049, Florida Statutes.

SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETED <input type="checkbox"/>	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
D TANKEL, MARCIA 6848 NW 27TH TERRACE FT. LAUDERDALE FL	<input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	1.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	1.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	1.4 CITY, ST, ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	2.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	2.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	2.4 CITY, ST, ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	3.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	3.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	3.4 CITY, ST, ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	4.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	4.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	4.4 CITY, ST, ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	5.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	5.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	5.4 CITY, ST, ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	6.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	6.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	6.4 CITY, ST, ZIP	<input type="checkbox"/>

14. I, 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)(b), 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. I am an officer or director of the corporation or the treasurer 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 of this report or on an attached report with my address.

SIGNATURE: *Marcia Tankel* **MARCIA TANKEL** 1/18/96 954-979-4652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)