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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

D(

(7)

FILED Feb 26 1997 8:00am Secretary of State

| OCUMENT # Dorporation Name | 176331 | |
|----------------------------|--------|--|
|----------------------------|--------|--|

B&B TRITECH, INC.

| Principal Place of Business | Mailing Address | ı ubarbi ribis tenna dridü tisha birni nibi dibit bibit dibit dibit dibit tent | | |
|---------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------|--|--|
| 75 W 20TH ST 10 Box 660-776 Naleah Fl 33010 | 875 W 20TH ST PO BOX 660-776 Hialeah Fl 33010-2310 | | | |
| | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | |

| PO BOX 860-776 HIALEAH FL 33010 | | PO BOX 680-776 HIALEAH FL 33010-2310 | | | | |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------|----------------------|------------------------------------------------------------------------|------------------------------------------------|
| | | | | | Date Incorporated or Qualified 12/02/1953 | 3a. Date of Last Report 04/29/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-0702127 | Not Applicable |
| Suite, Apt | | Suite Apt. #, etc. | | | 6. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | (° | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | Constant | 28 | T Co | | Trust Fund Contribution | LJ Added to Fees |
| Zφ [a4] | Country | 2ip | Cour | try | This corporation has liability for Florida Statutes | intangible tax under s, 199.032, ☐ Yes ☐ No |
| 24 | 25 9. Name and Address of Curren | | 30 | | 10. Name and Address of New Re | ··· · · · · · · · · · · · · · · · · · |
| GOL | DSTEIN, RICHARD M. | | | 81 Name | | |
| | BISCAYNE TOWER, STE 3250 | | - | 201 | Add CO Day 1 | -1-) |
| TWO | S. BISCAYNE BLVD. | | | Street | Address (P.O. Box Number is Not Acceptal | oie) |
| MIA | MI FL 33131 | | \' | 23 | | ļ |
| | | | | B4 City | | FL 85 Zip Code |
| office or r agent La StGNATURE | registered agent, or both, in the State in familiar with, and accept the obligation are the transfer of regions and accept the obligations. | • | | | poration's board of directors. I hereby acce | pt the appointment as registered |
| 12. | OFFICERS AN | , , , , , , , , , , , , , , , , , , | 13. | April 9.5 stare | ADDITIONS/CHANGES TO OFFIC | |
| THLE | PD | ☐ DELFTE | 1.1 101 | . E | | Change Addition |
| NAME | BROCK, WILLIAM B., JR | | 1.2 NA | ME | | |
| STREET ADDRESS | 240 HUNTINGLODGE DR. | | 1.3 STF | EET ADDRESS | | |
| CHY+S1+ZIP | MIAMI SPRINGS FL | | 1.4 CIT | Y-ST-21P | | |
| THE | VD | ☐ DELETE | 2.1 TIT | .E | , | Change Addition |
| NAMI | DAVENPORT, WILLIAM K. 125 W. 51ST. ST. | | 2 2 NAI | | | |
| STREET ADDRESS | HIALEAH FL | | 1 | EET ADDRESS | | 1 |
| CHY-SI-Z= | SD SD | DELFTE | 2 4 CII | Y-ST-ZIP | | Change Addition |
| THEF NAME | BROCK,ISABEL K. | CT privit | 3 1 1111 3 2 NAI | | | CT Augusts CT volution |
| STREET ACTURESS | 240 HUNTINGLODGE DR. | | | vie. IEET ADDRESS | | |
| CHY-\$1-Ziř | MIAMI SPRINGS FL | | | Y+ST-ZIP | | |
| TITLE | | DELETE | 4.1 111 | | | Change Addition |
| NAME | | | 4. 2 NA | ME | 1 | |
| STREET ADORESS | | | 4.3 STA | EET ADDRESS | | |
| Offr-St 7P | | | 4.4 CIT | Y-\$1-ZIP | | |
| 11:11 | | DELETE | 5.1 TIT | Ę | | Change Addition |
| NAME: | | | 5.2 NA | ME . | | |
| STREET ADDRESSS | | | 5.3 STI | EFT ADDRESS | | |
| CHY-ST ZIP | | - Laster | | Y-SI-71P | | Dio. : Illiano |
| THILE | | [] DEFELE | 6.1 1(1) | | | Change Addition |
| NAM ² | | | 6.2 NA | | | |
| STHEEL ADDRESS. | | | 6.3 \$18 | REET ADDRESS | | |

CITY-SI-ZIP

14. I do neroby cert fy 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 of 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 of 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 2.3 ft to a sid, or on an attachment with an address.

SIGNATURE: