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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 10 PM 2:24

DOCUMENT # **389104** **(1)**

1. Corporation Name
BEE BEE'S HIVE, INC.

Principal Place of Business	Mailing Address
424 SW 22ND AVE. **MIAMI FL 33135-3195** **US**	**424 SW 22ND AVE.** **MIAMI FL 33135-3195** **US**

3. Date Incorporated or Qualified: **09/30/1971**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1365107** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROBSON, BERTHA J.C.
8781 SW 49 ST.
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: B.J.C. ROBSON
82 Street Address (P.O. Box Number is Not Acceptable): 8781 S.W. 49 ST.
83: MIAMI, FL 33165-6701
84 City: **FL** 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: [signature] 5-6-96 DATE
(If this Registered Agent Signature required when box checked)
Signature, type or printed name of officer, director, or agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE
NAME	ROBSON, B. J.C.	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP
STREET ADDRESS	8781 SW 49 ST.	☐ Change ☐ Addition
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	ROBSON, JONNY V.	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP
STREET ADDRESS	8781 SW 49 ST.	☐ Change ☐ Addition
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP
STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		

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CR2E034 (12/95)

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)(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: [signature] 5-6-96 Date 305 643 3044 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0147760 CP