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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 407534

1. Corporation Name

SANTA	ROSA BBFH, INC						
Principal Place of Business Mailing Address				i i i i i i i i i i i i i i i i i i i			BIRLI BIRLI IN
1937 SEVILLA BLVD W		1937 SEVILLA BLVD W					
ATLANTIC BCH FL 32233		ATLANTIC BCH FL 32233			DO NOT WRITE IN THIS	SISPACE	
					3. Date Incorporated or Qualifed	701700	
					08/25/1972		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-1515935	N	lot Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
City & Star	te	City & State		-	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip 24	Country	Zip 30	Country	у	 This corporation owes the current year In Personal Property Tax. 	itangible Ves	No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
ATL	7 SEVILLA BLVD W ANTIC BCH FL 32233 to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth	horized by	City	proporation submits this statement for the purpose of ation's board of directors. I hereby accept the apporation	f changing its	Code s registered egistered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	egistered Age	nt signature requ	uired when reinstating) DATE		
12.	_ 	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Additi
NAME	BULL, GEORGE JR.		1.2 NAME	-			
STREET ADDRESS	1937 SEVILLA BLVD W		1.3 STREE	TADORESS			
CITY-ST-ZiP			1.4 CITY-S	ST-25P			
TITLE		☐ DELETE	2.1 TITLE			Change	Additi
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	}	☐ DELETE	3.1 TITLE	İ		☐ Change	Additi
NAME	1		3.2 NAME				
STREET ADORESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP			
TILE		☐ DELETE	4.1 TITLE			Change	☐ Additi

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 suppliemental 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 proporation of the receiper or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED WAS E OF SIGNING OFFICER OR DIRECTOR

□ DELETE

☐ DELETE

Date

Daytime Phone #

☐ Change

Change

☐ Additio

Addition

FILED

Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90002 002 ***158.75