

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

**FILED**  
**Feb 13, 1996 08:00 AM**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1996**



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

DOCUMENT # **517036** (0)

1. Corporation Name  
**"B" HIVE TROPHY, INC.**



Principal Place of Business: **1810 N HERCULES AVE CLEARWATER FL 34625-1117**  
 Mailing Address: **1810 N HERCULES AVE CLEARWATER FL 34625-1117**

3. Date Incorporated or Qualified: **10/22/1976**  
 3a. Date of Last Report: **04/26/1995**  
 4. FEI Number: **59-1691089**  
 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  
 21. State, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 25. Country

2a. Mailing Address  
 26. State, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country  
 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PISANI, PAUL F.**  
**1810 N. HERCULES AVENUE**  
**CLEARWATER FL 33515**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code **FL**

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 607.0509, Florida Statutes.

SIGNATURE: *Paul Pisani* PRESIDENT Date: **2-6-96**

12. OFFICERS AND DIRECTORS

TD	<input type="checkbox"/> DELETE
NAME: <b>PISANI, JAMES P.</b>	
STREET ADDRESS: <b>1810 N. HERCULES AVE.</b>	
CITY, ST, ZIP: <b>CLEARWATER FL</b>	
VD	<input type="checkbox"/> DELETE
NAME: <b>PISANI, ROBERT G.</b>	
STREET ADDRESS: <b>1810 N. HERCULES AVE.</b>	
CITY, ST, ZIP: <b>CLEARWATER FL</b>	
PD	<input type="checkbox"/> DELETE
NAME: <b>PISANI, PAUL F.</b>	
STREET ADDRESS: <b>1810 N. HERCULES AVE</b>	
CITY, ST, ZIP: <b>CLEARWATER FL</b>	
[Blank]	<input type="checkbox"/> DELETE
[Blank]	<input type="checkbox"/> DELETE
[Blank]	<input type="checkbox"/> DELETE
[Blank]	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 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: *Paul Pisani*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-6-96 813-442-7163**

CR2E034 (12/95)