

4-23-98 B 5412 -C
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FILED
 Apr 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc
 22 City & State
 23 Zip Country
 24

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

3. Date Incorporated or Qualified
 10/22/1976

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. Name and Address of Current Registered Agent
 PISANI, PAUL F.
 1810 N. HERCULES AVENUE
 CLEARWATER FL 33515

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISANI, JAMES P.	1 2 NAME	
STREET ADDRESS	1810 N. HERCULES AVE.	1 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34683	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISANI, ROBERT G.	2 2 NAME	
STREET ADDRESS	1810 N. HERCULES AVE.	2 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 60646	2 4 CITY - ST - ZIP	
TITLE	PD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISANI, PAUL F.	3 2 NAME	
STREET ADDRESS	1810 N. HERCULES AVE	3 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34677	3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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 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]*

4-15-98 813-442-7163

CR2E034 (10/97)