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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 563792

(1)

FILED
May 19 1997 8:00am
Secretary of State

B & B I Principal Place 2734 E OAKU SUITE 200	DEVELOPMENT CO THE PROPERT CO THE PR	Mailing Address 2734 E OAKLAND PK BL SUITE 200 FT LAUDERDALE FL 3330	-		3. Date Incorporated or Qualified 3a. Date of Last Report			
					04/05/1978		24/1996	
⊣ .	Place of Business	2a. Mailing Address			4. FEI Number		J	pplied For
Suite, Apt	# oto	Suite, Apt. #, etc.			NOT APPLICABLE			lot Applicable Additional
Suite, Apr	W. CIC	27			5. Certificate of Status Desired		•	Additional Required
City & Sta	te	City & State	 -		6. Election Campaign Financing			May Be
3		28			Trust Fund Contribution			to Fees
_ Zip ⊐	Country	Zıp	Count	try	8. This corporation has liability for			6. 199.032,
Ц	25 9. Name and Address of Curren	29 Agent	30		Florida Statutes 10. Name and Address of New R	Yes [
90	HERER, MARY ANN	it Hogisterou Agent		Name	IQ. Hallie Sild Addition of from 11	in Bratorion >	- Bout	
2734 E OAKLAND PK BLVD FT LAUDERDALE FL 33308			83		ress (P.O. Box Number is Not Accepta	able)		
			8	14 City	·		85 Zip	Code
						FL		
office or agent Ta	registered agent, or both, in the State ani familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abo authorized lorida Statu	ove-named corp by the corpora tes.	poration submits this statement for the tion's board of directors. I hereby according	purpose of ept the appx	changing ointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NO D DIRECTORS			poration submits this statement for the tion's board of directors. I hereby account ired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Signature, hyperd or presed name of negativeid age OFFICERS ANI	int and title if applicable. (NO	13.	Agent signature requi	ired when reinstaling)	DATE		RS IN 12
GIGNATURE 2. HILE	Sp. sture, typing or privated name of registered age OFFICERS AND TO BROHAMMER, RICHARD	int and title if applicable. (NO D DIRECTORS	13. 1.1 TITU	Agent signature requi	ired when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. 11LE NAME STREET ADDRESS	Sgravus, typed or privated name of registered age OFFICERS ANI TD BROHAMMER, RICHARD 3200 NE 38TH ST	int and title if applicable. (NO D DIRECTORS	13. 1.1 TITU 1.2 NAM	Agent signature requi E IE EET ADDRESS	ired when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. HILE NAME STREET ADDRESS CITY-ST-ZIP	Sp. sture, typing or privated name of registered age OFFICERS AND TO BROHAMMER, RICHARD	int and title if applicable. (NO D DIRECTORS	13. 1.1 TITU 1.2 NAM	Agent signature required to the signature re	ired when reinstaling)	DATE	DIRECTO	RS IN 12
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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

Date Caytin

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