

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:56

DOCUMENT # 573208 (6)
1. Corporation Name
BBK, INC.

Principal Place of Business: 908 SOUTH ORLANDO AVENUE WINTER PARK FL 32789
Mailing Address: 908 SOUTH ORLANDO AVENUE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

| | | | | | | | |
|--|--|------------------------|--|-----------------------------------|--|-------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 05/23/1978 | | 01/25/1994 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State | | 28 City & State | | 59-1818101 | | Not Applicable | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | |
| 26 | | 27 | | 28 | | 29 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | | \$5.00 May Be Added to Fees | | | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| NEWTON, ROBERT E. 908 S. ORLANDO AVENUE WINTER PARK FL 32789 | | | | 81 Name KATHLEEN M. NEWTON | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 908 S. ORLANDO AVE | | | |
| | | | | 83 | | | |
| | | | | 84 City WINTER PARK FL 85 Zip Code 32789 | | | |

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]* DATE: 1/9/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|---|
| TITLE | PD | 1.1 TITLE | President Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWTON, ROBERT E. | 1.2 NAME | Kathleen M. Newton |
| STREET ADDRESS | 602 GRAN PASEO | 1.3 STREET ADDRESS | 602 Gran Paseo Dr |
| CITY- ST- ZIP | ORLANDO FL | 1.4 CITY- ST- ZIP | Orlando, FL 32825 |
| TITLE | SD | 2.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWTON, KATHLEEN | 2.2 NAME | Kristopher Newton |
| STREET ADDRESS | 602 GRAN PASEO | 2.3 STREET ADDRESS | 602 Gran Paseo |
| CITY- ST- ZIP | ORLANDO FL | 2.4 CITY- ST- ZIP | Orlando, FL 32825 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* KATHLEEN M. NEWTON 1/9/95 707-644-5366