

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

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 32789-4849

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt. #, etc.	26	State, Apt. #, etc.	05/23/1978	01/29/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-1818101	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWTON, KATHLEEN M 908 S. ORLANDO AVENUE WINTER PARK FL 32789				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	SD NEWTON, KRISTOPHER 602 GRAN PASEO ORLANDO FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR ONLY NEWTON, KRISTOPHER 602 GRAN PASEO ORLANDO, FL 32825
NAME	PD NEWTON, KATHLEEN 602 GRAN PASEO ORLANDO FL	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY- ST- ZIP		<input type="checkbox"/> DELETE	1.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME		<input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
CITY- ST- ZIP		<input type="checkbox"/> DELETE	2.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME		<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
CITY- ST- ZIP		<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME		<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY- ST- ZIP		<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME		<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY- ST- ZIP		<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME		<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY- ST- ZIP		<input type="checkbox"/> DELETE	6.4 CITY- ST- ZIP

14. I do 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: *Kathleen M Newton* KATHLEEN M NEWTON 3/14/97 407-644-5506

CR2E034 (9/96)