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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 573208

(6)

BBK, INC.

Principal Place of Business

Mailing Address

**FILED** Jan 23 1998 8:00am Secretary of State



908 SOUTH ORLANDO AVENUE WINTER PARK FL 32789		908 SOUTH ORLANDO AVENUE WINTER PARK FL 32789		DO NOT WRITE IN THIS	SPACE				
:						3. Date Incorporated or Qualified			
						05/23/1978			
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4, FEI Number		oplied For	
21		26	26			<u>59-1818101</u>	<b>59-1818101</b> Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· ·			5. Certificate of Status Desired See Required			
22		27 City & State	City & State						
City & State	•	28	<u>├</u> ¬ ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country	Zip	Cou	nlry		8. This corporation owes or has paid the co	urrent year In	tangible	
24	25	29	30			Personal Property Tax due June 30.	Yes [	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
NEWTON, KATHLEEN M				81 Name					
908	8. ORLANDO AVENUE		ŀ	82 Street Add		Address (P.O. Box Number is Not Acceptable)			
WIN	ITER PARK FL 32789		ŀ	83			<del></del>		
				84	City	FI	L   `	Code	
11. Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Florida Sta	atutes, the at	DOVE	e-named o	corporation submits this statement for the purpose voration's board of directors. I hereby accept the ap	of changing it	ts registered	
agent. I a	m familiar with, and accept the c	bligations of, Section 607.0505	, Florida Stat	utes	3.				
SIGNATURE						required when reinstalion) DATE			
				a Age	int signature t	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	20 IN 12	
12. TITLE	D OFFICERS	OFFICERS AND DIRECTORS 13			I	ADDITIONS/CHANGES TO OFFICEINS AT	Change	Addition	
NAME	NEWTON, KRISTOPHER								
STREET ADDRESS	602 GRAN PASEO			1.3 STREET ADDRESS					
CITY-ST-ZIP	AD1 116A PI			14 CITY-ST-ZIP					
TITLE	+ - <u></u>			2.1 TITLE			Change	☐ Addition	
NAME	NEWTON, KATHLEEN		2.2 NA	2.2 NAME					
STREET ADDRESS	602 GRAN PASEO		2.3 STN/		ADDRESS				
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP		<i>t.</i>			
TITLE				3 1 TITLE			Change	Addition	
NAME			3 2 NA	ME					
STREET ADDRESS			3.3 \$1	REE 1	ADDRESS				
CITY-ST-ZIP	34			TY- S	ST-ZIP				
TITLE		DELETE	4.1 TO	TLE			Change	☐ Addition	
NAME			4. 2 N	AME					
STREET ADDRESS	•		4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	1Y-S	1 - Z(P				
TITLE		☐ DELETE	51 TR	TLF			Change	Addition	
NAME			5 2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY+ST-ZIP			5.4 Cr		T-ZIP				
TITLE		☐ DELETE	6.1 TIT		-		∐ Change	☐ Addition	
NAME			6.2 NA	ME	1				
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-S	1-2IP				

14. Thereby 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 changes, or on an attachment with an address.