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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **617935** **(2)**

1. Corporation Name

B&B AGENCY OF SATELLITE BEACH, INC.

Principal Place of Business	Mailing Address
1490 HIGHWAY A1A SATELLITE BCH FL 32937	1490 HIGHWAY A1A SATELLITE BCH FL 32937

3. Date Incorporated or Qualified: **04/11/1979**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-1678079** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 1825 S. Riveryiew Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Melbourne, FL
24 Zip / 25 Country	29 Zip 32901 / 30 Country Brevard

9. Name and Address of Current Registered Agent

~~BEAUMAN, DONALD J.~~
~~6242 HALYARD COURT~~
~~ROCKLEDGE FL 32955~~

10. Name and Address of New Registered Agent

81 Name: James L. Reinman
82 Street Address (P.O. Box Number is Not Acceptable): 1825 S. Riverview Dr.
83
84 City: Melbourne **FL** 85 Zip Code: 32901

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: Donald J. Beauman DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEAUMAN, DONALD J 6242 HALYARD COURT ROCKLEDGE FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P Beauman, Donald J. 624 Four Winds Way Mississauga, ON L5R 3M4 Canada	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEAUMAN, CHRISTOPHER A PHILDRAW ROAD BALLASALLA, ISLE OF	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 119.07(3)(k), 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: Donald J. Beauman 4/10/96 407-984-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)