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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 678390



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90123 036 ***150.00

B&FB	UILDERS, INC.									
Principal Place	e of Business	Maitir	ng Address					# 		d(1)(1)()() (11)
19900 EARLWOOD DR								DO NOT WRITE IN THI	S SPACE	·
							:	3. Date Incorporated or Qualifed 07/15/1980		
2 Principal P	lace of Business	2a. N	lailing Address					4. FEI Number	- Ar	oplied For
21	1000 01 000111000	26						59-2001025	No.	ot Applicable
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.					5. Certifcate of Status Desired	,	Additional equired
City & State	e		ity & State					6. Election Campaign Financing	\$5.00	May Be
23		28						Trust Fund Contribution		to Fees
Zip 24	Country 25	29	p	30 Co	untry			This corporation owes the current year li Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Register	ed Agent		-			10. Name and Address of New Registered	i Agent	
CIAV	/ARELLA, FRANK P., JR.				81	Name				
19900 EARLWOOD DR					82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)		
JUPI	TER FL 33458				83					
					84	City		F	85 Zip	Code
agent. I a SIGNATURE	m familiar with, and accept the obli	gations of, Si	opticable. (NOTE	Registere	d Ager	•		's board of directors. I hereby accept the app when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
12.	OFFICERS AND DIRECTORS			13	TTLE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE NAME	PS Ciavarella, Frank, Jr.		Decere	1	NAME				_ `	_
STREET ADDRESS	AGES & STEEDNIATE LOSSY A	Α				1.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL			1.4 (CITY-5	T-ZIP				
TITLE	VPT	☐ DELETE	2.1	IITLE				☐ Change	☐ Addition	
NAME	CIAVAREELA, MARY A				VAME					\$
STREET ADDRESS	19900 EARLWOOD DR					ADDRESS	ļ			
CITY-ST-ZIP	JUPITER FL		☐ DELETE		CITY-S	iT-ZIP			Change	Addition
TITLE NAME				1	NAME					
STREET ADDRESS				3.3	STREE1	TADDRESS	i			
CITY-ST-ZIP				3.4.	CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1	TITLE				Change	☐ Addition
NAME					NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE	<u> </u>		☐ DELETE		CITY-S TITLE	ı-ZIP			Change	Addition
NAME			_ 5,		NAME				_ ,	-,
STREET ADDRESS						T ADDRESS			•	İ
CITY-ST-ZIP				5.4	CITY-S	T-ZIP				
TITLE			☐ DELETE		TITLE				☐ Change	☐ Addition
NAME					NAME					
STREET ADDRESS	I			6.3	STREE	TADDRESS				ļ

6.4 CITY-ST-ZIP 14. I 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 open attachment with an address with all other like impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR