

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709416 (2)

1. Corporation Name

BUSINESS AND PROFESSIONAL ASSOCIATION OF BELLEAIR BLUFFS, INC.



Principal Place of Business	Mailing Address
2840 W. BAY DR. #359 BELLEAIR BLUFFS FL 34640 US	2840 W. BAY DR #359 BELLEAIR BLUFFS FL 34640 US

3. Date Incorporated or Qualified 08/10/1965	3a. Date of Last Report 03/15/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-2783816	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FORD, EDWIN I. 2310 WEST BAY DRIVE LARGO FL 34640	

10. Name and Address of New Registered Agent	
81 Name	Andrew Craske, Pres
82 Street Address (P.O. Box Number is Not Acceptable)	2840 W. Bay Dr # 359
83	
84 City	Belleair Bluffs FL
85 Zip Code	34640

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ARBUTINE, CHRIS
STREET ADDRESS	730 N. INDIAN ROCKS ROAD
CITY-ST-ZIP	BELLEAIR BLUFFS FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MCMANUS, MARY
STREET ADDRESS	79 OVERBROOK BLVD
CITY-ST-ZIP	LARGO FL
TITLE	S <input type="checkbox"/> DELETE
NAME	RISKOWITZ, SANDY
STREET ADDRESS	125 SOUTH INDIAN ROCKS RD
CITY-ST-ZIP	BELLEAIR BLUFFS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WICHLANSKI, TERRY T.
STREET ADDRESS	2888 W. BAY ST.
CITY-ST-ZIP	BELLEAIR BLUFFS FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	IMHOFF, EMMA
STREET ADDRESS	2840 W BAY DR
CITY-ST-ZIP	BELLEAIR BLUFFS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Craske, Andrew
2.3 STREET ADDRESS	2840 W BAY Dr #359
2.4 CITY-ST-ZIP	Belleair Bluffs FL
3.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary E McManus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

813584-21288

Date

Daytime Phone #

CR2E037 (12/95)