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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 767191 (0)

1. Corporation Name
BUSY BEES OF BELLEAIR BLUFFS, INC.



Principal Place of Business: 2693 BAYWAY AVE, BELLEAIR BLUFFS FL 33770 US
Mailing Address: MCOY, JEANE, 2529 RENATTA DR, BELLE AIR BLUFFS FL 33770-1752 US

3. Date Incorporated or Qualified: 02/28/1983
3a. Date of Last Report: 06/25/1996
4. FEI Number: 59-1885257
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 [X] No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Zip
26. Mailing Address: 2693 BAYWAY AVE.
27. Suite, Apt. #, etc.
28. City & State: BELLEAIR BLUFFS FL
29. Zip: 33770
30. Country: US

9. Name and Address of Current Registered Agent
MCCOY, RUTHANNE
2529 RENATTA DRIVE
BELLAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent
81. Name: MARY T. SASSON
82. Street Address (P.O. Box Number is Not Acceptable): 2525 WEST BAY DRIVE #C-34
84. City: BELLEAIR BLUFFS FL
85. Zip Code: 33770

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: Mary T. Sasson (typed name)
DATE: 2/4/97

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows include: PD SASSON, MARY T; VD DE VOS, ELEANOR; D NUTTY, BETTY; TD MCOY, JEANE; DS ARN, MARY JANE.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition. Rows 1-6 are blank.

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 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 Jane Arn, Secretary (typed name)
DATE: 2/4/97
Daytime Phone # 0049560

CR2E037 (9/96)