

FILE NOW: FILING FEE IS \$61.25

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**Apr 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 2693 BAYWAY AVE BELLEAIR BLUFFS FL 33770 US
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3. Date Incorporated or Qualified 02/28/1983	
4. FEI Number 59-1885257	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SASSON, MARY T
2525 WEST BAY DRIVE
#C-34
BELLEAIR BLUFFS FL 33770**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASSON, MARY T	1.2 NAME	MARY MELBERG
STREET ADDRESS	2525 W BAY DR C-34	1.3 STREET ADDRESS	610 N. INDIAN ROCKS RD
CITY - ST - ZIP	BELLEAIR BLUFFS FL	1.4 CITY - ST - ZIP	INN BELLEAIR BLUFFS FLA 33770
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	T.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VOS, ELEANOR	2.2 NAME	
STREET ADDRESS	2620 RENATTA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTTY, BETTY	3.2 NAME	
STREET ADDRESS	3032 SUNSET BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	3.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, JEANE	4.2 NAME	
STREET ADDRESS	2645 RENATTA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	4.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	VP.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARN, MARY JANE	5.2 NAME	
STREET ADDRESS	702 DOLPHIN DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	5.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary T. Sasson	6.2 NAME	
STREET ADDRESS	2525 W. BAY DR C 34	6.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS, FLA 33770	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 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 T. Sasson 4/20/98 Secretary

CP2E037 (10/97)