

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 849420 (5)

1. Corporation Name

B. & B. MOTOR AND CONTROL CORPORATION

Principal Place of Business

3940 CRESCENT ST.
LONG ISLAND NY 11101

Mailing Address

3940 CRESCENT ST.
LONG ISLAND NY 11101



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 LONG ISLAND CITY N.Y.

28 LONG ISLAND CITY N.Y.

24 Zip

25 Country

29 Zip

30 Country

24 11101-3802

29 11101-3802

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1981

3a. Date of Last Report

06/07/1995

4. FEI Number

13-1920960

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

10. Name and Address of New Registered Agent

BERSON, PAUL A
1255 BELLE AVE
STE 125
WINTER SPRINGS FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent as indicated in 11.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

2. 1. TITLE

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

3. 1. TITLE

3. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

4. 1. TITLE

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 1. TITLE

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-STATE-ZIP

6. 1. TITLE

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY-STATE-ZIP

PRESIDENT
PAUL A. BERSON
3500 MYSTIC POINT DRIVE STE 503
MIAMI FL 33180

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SELMA BERSON

Date

Daytime Phone #

CR2E034 (12/95)