

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000001645 (8)**

1. Corporation Name  
**BBH-FLORIDA, INC.**



Principal Place of Business <b>10774 TREGO TRAIL RALEIGH NC 27614</b>	Mailing Address <b>10774 TREGO TRAIL RALEIGH NC 27614-9880</b>
--	---

2. Principal Place of Business 21 <b>3803 CORPORET PARK DR</b> Suite, Apt. #, etc. 22 <b>SUITE 700</b> City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33619</b>		2a. Mailing Address 25 <b>3803 CORPORET PARK DR</b> Suite, Apt. #, etc. 27 <b>SUITE 700</b> City & State 28 <b>TAMPA, FL</b> Zip 29 <b>33619</b>		3. Date Incorporated or Qualified <b>04/01/1996</b>		3a. Date of Last Report	
				4. FEI Number <b>56-1944650</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				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 <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, CHARLES A</b>	1.2 NAME	
STREET ADDRESS	<b>17 FIELDPOINT DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DVST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, DEREK</b>	2.2 NAME	
STREET ADDRESS	<b>332 YORK ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JERSEY CITY NJ 07302</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOX, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>897 LAKE AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GREENWICH CT 06831</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, EDWARD E</b>	4.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>10774 TREGO TRAIL</b>	4.3 STREET ADDRESS	<b>MORGAN' HILL</b>
CITY - ST - ZIP	<b>RALEIGH NC 27614</b>	4.4 CITY - ST - ZIP	<b>3243 EAGLE WATCH DR</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIMMO, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>67 PARK AVE., APT. 7B</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY 10016</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOEN, WILLIAM J</b>	6.2 NAME	
STREET ADDRESS	<b>5811 PELICAN BAY BLVD., STE. 500</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL 33963</b>	6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Morgan Hill* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 770-425-8214  
Date Daytime Phone #

CR2E034 (9/96)