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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005476 (3)

**BBG IRONWORKS INC.** 

## **FILED** May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						'L MESE: MAINT MISSO MODEL CO	.018 ELH 1891
PO BOX 301 COLD SPRINC	3\$ NY 10516	PO BOX 301 COLD SPRINGS NY 10	PO BOX 301 COLD SPRINGS NY 10516		DO NOT WRITE	IN THIS SPACE	
					3. Date incorporated or Qualified 10/17/1997		
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number Applied For		pplied For
21		26			06-1126390	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27				Fee R	equired
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	<b>Z</b> ip	Count	try	8. This corporation owes or has paid	the current year In	tangible
24	25	29	30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg	istered Agent	
	xter, william b		8	1 Name			
	23 130TH AVE NO.		8	2 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
· ·	RGO FL 33778		ε	3		- <u>-</u> -	
			<u> </u>	4 City		ee 7in	Code
			*	City		FL 85 Zip	Code
11. Pursuant to office or re agent I as	o the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the c	.0502 and 607.1508, Florida Stat State of Florida Such change was ibligations of, Section 607.0505, l	utes, the abo s authorized Florida Statul	ove-named corporates	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing in the appointment as	ts registered registered
SIGNATURE	Signature, typed or political nature of registrics				red when reinstating)	DATE	
12.		AND DIRECTORS	13.	Sperit signature redoi	ADDITIONS/CHANGES TO OFFICE		8S IN 12
TITLE	P	DELETE	1.1 TITL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	DANGER ARRAMAN D		1.2 NAM	E		-	1
STREET ADDRESS	12 SECOR ST	ACAON AT		ET ADDRESS			ľ
CITY-\$1-ZIP	COLD SPRINGS NY		1.4 CITY	-ST-ZIP			ľ
TITLE	ST	DELETE	2.1 TITU			☐ Change	Addition
NAME	BAXTER, LOUISE M		2.2 NAM	E			1
STREET ADDRESS	12 SECOR ST		2.3 STR	ET ADDRESS			ĺ
CITY-ST-ZIP	COLD SPRINGS NY		2.4 CIT	r-ST-ZIP		* *	
TITLE			3 1 T/TL			☐ Change	☐ Addition
NAME		32		E			ļ
STREET ADDRESS			3.3 STRE	ET ADDRESS			į
CITY-ST-ZIP			34 CIT	/-ST-ZIP			
TITLE		DELETE 4.		E		☐ Change	☐ Addition
NAME			4. 2 NAA	AE			Í
STREET ADDRESS			4.3 STR	ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	51 TITL	J		Change	☐ Addition
NAME			5.2 NAM	ı			
STREET ADDRESS			5.3 STR	ET ADDRESS			
CITY-ST-ZIP	<del></del>			- ST - ZIP	**************************************	~ <del>~~~</del>	
FITLE		☐ DELETE	6.1 TITU	1		L) Change	Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			64 CITY	- ST - ZIP			

Thereby 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 cath; 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 Slock 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

O4-28-98

813-584-9448

04-28-98

813-584-9448