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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G20865** (3)

1. Corporation Name

B & B HOLDING CORP.

Principal Place of Business

**C/O ESTATE OF LOUIS BECK
440 ROYAL PALM WAY
PALM BCH. FL 33480**

Mailing Address

**C/O ESTATE OF LOUIS BECK
440 ROYAL PALM WAY
PALM BCH. FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/28/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **13-6883768** 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 interstate tax under S 198.01 Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. Suite Apt # etc 26. Suite Apt # etc

22. City & State 27. City & State

23. Country 28. Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**CHOPIN, L. FRANK
440 ROYAL PALM WAY
SUITE 300
PALM BCH FL 33480**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. **Suite 200**
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 602.01(1), and 602.15(6), 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, thereby accept the appointment as registered agent. I am familiar with and accept the complete text of Section 602.01(1), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of New Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

1. NAME	PDS
2. NAME	BECK, HILAIRE
3. STREET ADDRESS	817 FIFTH AVE
4. CITY, ST, ZIP	NEW YORK, NY 00000
5. NAME	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02(1)(b), Florida Statutes. I further certify that the information indicated on the 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 this corporation or they receive or have been empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilaire Beck

5/10/95

(Signature of Secretary of State)