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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

NAME

STREET ADDRESS

SIGNATURE:

DOCUMENT # G35916

(7)

BIG BLU	E BUSINESS PARTNERS, II	NC.							
Principal Place of Businoss 19808 GARDENIA DR. STE. BB TEQUESTA FL 33469		Mailing Address 4125 EAGLE AVE. KEY WEST FL 33040-4526 US						41917 (69)	_
US					3. Date Incorporated or Qualified 3a. Date of Last Repor 04/26/1983 05/01/1996			leport	
2. Principal Pl	ace of Business	2a. Mailing Address		<del></del>	4, FEI Number			oplied For	1
21 4125 FAGLE AV		26 4125 EAGLE AV			59-2331052		h	ot Applicable	1
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status De	sired 🔲		Additional equired	
City & State 23   LEY	WEST, FL	Cily & State 28 KEY WEST	FU	·	6. Election Campaign Fine Trust Fund Contribution	· -		May Be to Fees	
3304	0-452425 US	20 33040-4526 30	Country	S	8. This corporation has lia Florida Statutes	bility for intan	· _0_	s. 199.032,	
	9. Name and Address of Current	Registered Agent		NI	10. Name and Address of	New Registe	red Agent		}
	RS, BASIL		81	Name					
4125 EAGLE AVE. KEY WEST FL 33040				Street Ad	dress (P.O. Box Number is Not a	Acceptable)			
, NET	MES! LT 33040		83				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
			84	City			<b>85</b> Zip	Code	-
	•		- 1 1	•			FL		
11. Pursuant t	e the provisions of Section, 607,0502 egistern agent or both of the State on tagailur with, and accompline obliga	2 and 607.1508, Florida Statutes, of Florida, Such change was aut	the above	named co	rporation submits this statement ation's board of directors. I here	for the purpo	se of changing i	ts registered registered	1
agent. Far	ni familijir with, and accept the obliga	tions of, Section 607.0505, Floric	la Statutes	CAC		,	21-97	)	1
SIGNATURE	Styr Fe, typed or protect cance of registered agen	or and title if anni-cable (NOTE: 6	ام إلا egistered Ager	t signature reg	Julred when reinstating)	<u> </u>	ATE .		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	O OFFICERS	AND DIRECTOR	RS IN 12	18
TIFLE	PTS	☐ DELETE	1.1 TITLE		VIS.	,	Change	Addition	CR2E034 (9/96)
NAME	AKERS, BASI D.		1.2 NAME		KIRIL FARICOL MLADOST, BL 4"	R. ENT	3. APT .	39	젊
STREET ADURESS	4125 EAGLE AVE.		1.3 STREET	۔ ا	SOFIA BULG	ARIA	1715	- /	ĺЖ
TILLE	KEY WEST FL 33044	DELETE	1.4 CITY-ST 2.1 TITLE	- ZIP	SOLIN I BOZO	-410-111	Change	Addition	뜮
NAME			2.2 NAME	1			Contribo		
STREET ADDRESS			2.3 STREET	ADORESS					1
CITY - S1 - ZIF			2 4 CITY-S	r-ZIP					
THLE		DELETE	31 THTLE				Change	Addition Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET						
TITLE		DELETE	34. CHY-S 4.1 TITLE	I - ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition	-
NAME		E'' PECCIE	4.1 THEE				- Andrigo	11000001	
STREET ADDRESS		,	4.3 STREET	ADDRESS					] .
CITY \$1-7P			44 CITY-ST						1
T-TLE		☐ DELETE	5.1 THLE				Change	Addition	1
NAME			5.2 NAME	1					1
STREET ADDRESS			5.3 STREET		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
CITY-5 - ZIP		Drive	5.4 CITY-SI	· ZIP			T 05	I date:	4
THILE		☐ DELETE	6.1 THLE	1	2 -		☐ Change	Addition	1

6.2 NAME

6.3 STREET ADDRESS 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 Amuat Alport of turplemental 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 congration of 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 changes from an attachment with an address.