

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

FILED

Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H08886 (4)
1. Corporation Name
TWO CB'S, INC.



Principal Place of Business Mailing Address
C/O Carolyn Bracker C/O Carolyn Bracker
6831 SW 147 Ave #2E 6831 SW 147 Ave #2E
Miami, FL 33193 Miami, FL 33193

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/13/1984
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2428775
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRACKER, CAROLYN
6831 SW 147 Ave #2E
Miami, FL 33193

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 (type or print name of agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BRACKER, CAROLYN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10521 MAHOGANY KEY CIRCLE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	ST LADEN, MAURI	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10502 SW 137 PL	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	D TAYLOR, GAIL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 18284 N/A	3.2 NAME	
STREET ADDRESS	SOUTH LAKE TAHOE CA 96151	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I 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 attached sheet with an address.

SIGNATURE: Carolyn Bracker 6/10/98

CR2E034 (10/97)

JOSEPH R. PADRON, P.A.
Certified Public Accountant
13358 Southwest 128th Street
Miami, Florida 33186

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Tel: (305) 253 - 2000
Fax: (305) 253 - 0832

June 10, 1998

Florida Secretary of State
Division of Corporations
5050 W. Tennessee Street
Tallahassee, Florida

Re: Two CB's, Inc.
Annual Corprotion Report
1998

Dear Sirs:

I am writing on behalf of my client Mrs. Carolyn Bracker. Mrs. Bracker took over the operation of the small business when her husband died in 1997. Mrs. Bracker recently moved to a new home. This has been a very difficult time for Mrs. Bracker. During this relocation time the corporation annual report apparently was not routed to her new address. When she became aware that the report had not been filed she immediately took steps to make the payment.

In her behalf I ask that you waive any late filing penalties in this matter due to the extenuating circumstances. The annual fee has been always been timely paid in previous years. By way of this letter I ask that you change the mailing address of future reports to:

Two CB's, Inc.
% Carolyn Bracker
6831 S.W. 147 Ave. #2E
Miami, Florida 33193

Thank you in advance for your anticipated cooperation in this matter and look forward to a favorable response to our request.

Very Truly Yours,


Joseph R. Padron, C.P.A.

Cc: Mrs. Bracker