

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H50418** (3)

1. Corporation Name
BBL MOBILE, INC.



Principal Place of Business: **7355 N.W. 41 STREET MIAMI FL 33166**
Mailing Address: **7355 N.W. 41 STREET MIAMI FL 33166**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
State, Apt. #, etc. (22)
City & State (23)
Zip (24)
Country (25)

3. Date Incorporated or Qualified: **04/03/1985**
3a. Date of Last Report: **02/24/1995**
4. FEI Number: **59-2530951**
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 intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**TOLIN, HARVEY S
7355 N.W. 41 ST.,
MIAMI FL 33166**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1	P TOLIN, HARVEY S. 7355 NW 41 ST. MIAMI, FL. 33166	<input type="checkbox"/> DELETE
2		<input type="checkbox"/> DELETE
3		<input type="checkbox"/> DELETE
4		<input type="checkbox"/> DELETE
5		<input type="checkbox"/> DELETE
6		<input type="checkbox"/> DELETE
7		<input type="checkbox"/> DELETE
8		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY, ST, ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY, ST, ZIP	

14. I do hereby certify that the information supplied to this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 or changed, or on an attachment with an address.

SIGNATURE: *Harvey S. Tolin* Harvey S. Tolin, Feb. 6, 1996 (305)593-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)