

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J95749 (4)

1. Corporation Name  
BEES ENTERPRISES, INC.



Principal Place of Business

1482 E TETHER CLIFT ST  
DAVIE FL 33331  
US

Mailing Address

14820 E TETHER CLIFT  
DAVIE FL 33331  
US

3. Date Incorporated or Qualified  
10/06/1987

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME AS ABOVE

4. FEI Number  
59-2847515

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 intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLING, WALTER A  
14820 E TETHERCLIFT ST  
DAVIE FL 33331

81 Name  
SAME AS ABOVE

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, typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
PVP  
BOLING, WALTER H.  
STREET ADDRESS  
14820 TETHERCLIFT STREET  
DAVIE FL  
CITY-ST-ZIP  
ST

DELETE

TITLE  
NAME  
BOLING, EILEEN  
STREET ADDRESS  
14820 TETHERCLIFT STREET  
DAVIE FL  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change ☐ Addition ☐

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change ☐ Addition ☐

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change ☐ Addition ☐

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change ☐ Addition ☐

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

Change ☐ Addition ☐

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

Change ☐ Addition ☐

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

Change ☐ Addition ☐

10.1 TITLE  
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10.4 CITY-ST-ZIP

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11.1 TITLE  
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11.4 CITY-ST-ZIP

Change ☐ Addition ☐

12.1 TITLE  
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14.1 TITLE  
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15.1 TITLE  
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15.4 CITY-ST-ZIP

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16.1 TITLE  
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16.3 STREET ADDRESS  
16.4 CITY-ST-ZIP

Change ☐ Addition ☐

17.1 TITLE  
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17.3 STREET ADDRESS  
17.4 CITY-ST-ZIP

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18.1 TITLE  
18.2 NAME  
18.3 STREET ADDRESS  
18.4 CITY-ST-ZIP

Change ☐ Addition ☐

19.1 TITLE  
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19.3 STREET ADDRESS  
19.4 CITY-ST-ZIP

Change ☐ Addition ☐

20.1 TITLE  
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20.3 STREET ADDRESS  
20.4 CITY-ST-ZIP

Change ☐ Addition ☐

21.1 TITLE  
21.2 NAME  
21.3 STREET ADDRESS  
21.4 CITY-ST-ZIP

Change ☐ Addition ☐

22.1 TITLE  
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22.3 STREET ADDRESS  
22.4 CITY-ST-ZIP

Change ☐ Addition ☐

23.1 TITLE  
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23.3 STREET ADDRESS  
23.4 CITY-ST-ZIP

Change ☐ Addition ☐

24.1 TITLE  
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24.3 STREET ADDRESS  
24.4 CITY-ST-ZIP

Change ☐ Addition ☐

25.1 TITLE  
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25.3 STREET ADDRESS  
25.4 CITY-ST-ZIP

Change ☐ Addition ☐

26.1 TITLE  
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26.3 STREET ADDRESS  
26.4 CITY-ST-ZIP

Change ☐ Addition ☐

27.1 TITLE  
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27.3 STREET ADDRESS  
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28.1 TITLE  
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28.3 STREET ADDRESS  
28.4 CITY-ST-ZIP

Change ☐ Addition ☐

29.1 TITLE  
29.2 NAME  
29.3 STREET ADDRESS  
29.4 CITY-ST-ZIP

Change ☐ Addition ☐

30.1 TITLE  
30.2 NAME  
30.3 STREET ADDRESS  
30.4 CITY-ST-ZIP

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter H. Boling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/94 305-434-7864

CR2E034 (12/95)