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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K54769

(0)

B & B TAX SERVICES, INC.

Principal Place of Business Mailing Address C/O BENJAMIN WALDMAN C/O BENJAMIN WALDMAN **CORNWALL A 1005** CORNWALL A 1005 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Date Incorporated or Qualified 12/29/1988 2. Principal Place of Business 2a. Maring Address 4. FEI Number Applied For 65-0092032 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Zip Zιρ Country No. 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALDMAN, BENJAMIN **CORNWALL A 1005** 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** вз 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE WALDMAN, BENJAMIN 1.2 NAME NAME **CORNWALL A 1005** STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 2.1 TITLE NAME WALDMAN, BLANCHE 2.2 NAME **CORNWALL A 1005** STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 41 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS

14. Thereby 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 suppliemental 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 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 classified on an affection with an address

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

24 m Waldmar

2/18/98 56/482 9707

**FILED** 

Feb 25 1998 8:00am

Secretary of State