

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K71539** (6)

1. Corporation Name

B.B.F.F. RESERVE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**%LEO ROSE, JR., ESQUIRE
1111 LINCOLN ROAD MALL, STE. 500
MIAMI BEACH FL 33139**

**%LEO ROSE, JR., ESQUIRE
1111 LINCOLN ROAD MALL, STE. 500
MIAMI BEACH FL 33139**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**ROSE, LEO JR.
1111 LINCOLN ROAD MALL
SUITE 500
MIAMI BEACH FL 33139**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/07/1989

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0113099

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

10. Name and Address of New Registered Agent

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 title if applicable

(If CTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DT
FLINN, ROBERT**
STREET ADDRESS **1415 BOSTON POST RD**
CITY-ST-ZIP **LARCHMONT NY**

TITLE ☒ DELETE

NAME **S
BENEROFE, MITCHELL I**
STREET ADDRESS **MPO BOX 217 4 NEW KING**
CITY-ST-ZIP **PURCHASE NY**

TITLE ☐ DELETE

NAME **VP
WARD, DAVID**
STREET ADDRESS **2401 NW RESERVE PARK TRA**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☒ DELETE

NAME **P
BENEROFE, ANDREW R**
STREET ADDRESS **MPO BOX 217 4 NEW KING**
CITY-ST-ZIP **PURCHASE NY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME **BENEROFE, MITCHELL I.**
23 STREET ADDRESS **MPO BOX 339 4 NEW KING ST.**
24 CITY-ST-ZIP **PURCHASE NY 10577**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME **BENEROFE ANDREW R**
43 STREET ADDRESS **MPO BOX 339 4 NEW KING ST.**
44 CITY-ST-ZIP **PURCHASE, NY 10577**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7/12/96 212-6815100

CR2E034 (3/96)