

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 # L30528 (8)

1. Corporation Name

B.V.B. ENTERTAINMENT GROUP, INC.



Principal Place of Business

Mailing Address

483 S COLLINGSWOOD BLVD
13000 S. TAMiami TRAIL
MURDOCK FL 33948
US

483 S COLLINGSWOOD BLVD
13000 S. TAMiami TRAIL
MURDOCK FL 33948
US

3. Date Incorporated or Qualified

11/16/1989

3a. Date of Last Report

07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 483 S Collingswood Blvd

26 483 S. Collingswood Blvd

4. FEI Number

65-0159474

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23 City & State

28 City & State

MURDOCK FLORIDA

MURDOCK FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip 33948

25 Country US

29 Zip 33948

30 Country US

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

COLA, PAUL

~~13000 S. TAMiami TRAIL~~
NORTH PORT FL 34287

483 S. Collingswood Blvd
MURDOCK, FL 33948

81 Name

COLA PAUL

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

483 S. Collingswood Blvd

83

84 City

MURDOCK

FL

85 Zip Code

33948

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 registered 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 ☐ DELETE
NAME D
STREET ADDRESS COLA, PAUL
CITY-ST-ZIP 13000 S. TAMiami TRAIL
N. PORT FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PRESIDENT
1.3 STREET ADDRESS PAUL COLA
1.4 CITY-ST-ZIP 483 S. Collingswood Blvd
MURDOCK, FLORIDA 33948

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Cola

11/17/96

Date

941-255-5533

Daytime Phone #

CR2E034 (12/95)