FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # **P29691** **(3)**

1. Corporation Name
B*2, LTD., INC.

Principal Place of Business
905 SWAN CREEK ROAD
FT. WASHINGTON MD 20744-6046

Mailing Address
905 SWAN CREEK ROAD
FT. WASHINGTON MD 20744-6046

3. Date Incorporated or Qualified: **06/08/1990**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **52-1555360** 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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
GRASSI, JEROME
11 S. FEDERAL HWY
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent
81 Name: Yvonne Peterman
82 Street Address (P.O. Box Number is Not Acceptable): 415 Northwood Road
83
84 City: W. Palm Beach FL 85 Zip Code: 33407

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: Yvonne Peterman (Signature, typed or printed name of registered agent and title if applicable) Yvonne Peterman (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/97

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NASH, ROBERT J.	
STREET ADDRESS	905 SWANN CREEK ROAD	
CITY-ST-ZIP	FT. WASHINGTON MD	
TITLE	VTD	☐ DELETE
NAME	NASH, BARBARA A.	
STREET ADDRESS	905 SWANN CREEK ROAD	
CITY-ST-ZIP	FT. WASHINGTON MD	
TITLE	S	☐ DELETE
NAME	SAVORY, TERRY	
STREET ADDRESS	905 SWANN CREEK ROAD	
CITY-ST-ZIP	FT. WASHINGTON MD	
TITLE	AS	☐ DELETE
NAME	NASH-BURGESS, CAROLYN	
STREET ADDRESS	905 SWANN CREEK ROAD	
CITY-ST-ZIP	FT. WASHINGTON MD	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 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 a 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 in an attachment with an address.

SIGNATURE: [signature] 28 APRIL 97 (561) 832-2600

CR2E034 (9/96)