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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9200003365 (3)

B&V V	/entures, inc.				
Principal Place	of Business	Mailing Address		I INDIAGOL PHE INTIN CORTI ORGES ON	is daiss daiss abade assen disse distribut
BARDMOOR VILLAGE 10801 STARKEY RD. STE. 108 LARGO FL 34647			BARDMOOR VILLAGE 10801 STARKEY RD. STE. 106 LARGO FL 34647		
		24,00 12 41011		3, Date Incorporated or Qualified	3a. Date of Last Report
Dringing Ols	ace of Business	2a. Mailing Address		11/03/1992 4. FEi Number	04/27/1995
21 Philopai Pic	ace of business	2a. Maning Address		59-3155684	Applied For
Suite, Apt. 4, etc.		Suite, Apt. #, etc.			Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Cu	rrent Registered Agent	30	Florida Statutes Yes  10. Name and Address of New F	No Project Agent
	<u> </u>	TOTAL PROPERTY.	81 Name	IV. Name and Address of New P	Jegistelen Ağelit
RORER	T E. JULIEN		00 0	(D.C. Barrier in National Assessed	
12124 N 72 WAY			82 Street Add	ress (P.O. Box Number is Not Acceptat	DIB)
	FL 34643		83		
			84 City		last 21. Octo
					FL 85 Zip Code
or registeri familiar wit	to the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	502 and 607.1508, Florida Statutes Florida. Such change was authorized Section 607.0505, Florida Statutes.	s, the above-named corpo d by the corporation's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
	Silgnature, typed or printed name of registered a		Registered Agent signature require	o(I when reinstating)	DATE
12.	Y <del></del>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D HAIFN BOREDT C	☐ DELETE	1. 1 THTLE	•	☐ Change ☐ Addition
NAME STREET ADDRESS	JULIEN, ROBERT E 12124 N 72 WAY		1.2 NAME		
CHIY-ST-ZIP	LARGO FL		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	D	[ ] DELETE	2 1 TiTLE		Change  Addition
NAME	JULIEN, VINCE E	L	2.2 NAME		
STHEET ADDRESS	12124 N 72 WAY		2 3 STREET ADDRESS		
CiTY-ST-7IP	LARGO FL		2 4 CITY - ST - 7IP		
THE		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-7IP TITLE		☐ DELETE	3.4 C(TY - ST - Z(P		
			4. 1 T(T) E		Change Addition
MAME STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE		DELETE	5. 1 TITLE		Cnange Addition
NAME	,		5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
City - St - ZiP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			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 jt.changed, or on an attachment with an address.

SIGNATURE:

ABEN A. JULIEN ASS'T SEC. 4/3 3/96 8/3/397-9016

BIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (12/95)