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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P9200013817 (1) 1. Corporation Name B&P INTERNATIONAL, INC.								
Principal Place of Business Mailing Address 2828 PROCTOR ROAD 2829 PROCTOR ROAD								
3				3				
SARASOTA FL 34231 US				SARASOTA FL 34231 US				3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1995
· ·			. Mailing Address				4. FEI Number Applied For	
21 26 Suite, Apt. #, etc.			26	Suite, Apt. #, etc.				5 Continue of Status Posicial Section 5 Sectio
Suite, Apt. #, etc.				Suite, Apr. #, etc.				5. Certificate of Status Desired Fee Required
City & State			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country		Zip	Co	untry		8. This corporation has liability for intangible tax under s 199.032,
24		25	29		30	_		Florida Statutes X Yes No
	9. Name	and Address of Curre	nt Regi	stered Agent		81	Name	10. Name and Address of New Registered Agent
RI OOM	STEPHEN	I F						
	OCTOR R					82	Street A	Address (P.O. Box Number is Not Acceptable)
SUITE 3						63		
SARASO	TA FL 342	231				84	City	85 Zip Code
								FL 60 25 60 60 60 60 60 60 60 6
or registere familiar with SIGNATURE	ed agent, or h, and accep	both, in the State of Flor of the obligations of, Sec or printed name of registered ager	rida. Suc tion 607	ch change was authorize 7.0505, Florida Statutes.	ed by the	corp	oration's b	board of directors. I hereby accept the appointment as registered agent. I am
12.	aignature, typeo	OFFICERS At		, , , , ,	13.	a Ago	it organizatione req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT			DELETE	1. 1	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME		I, STEPHEN E			1.2	NAME		
STREET ADDRESS		ROCTOR RD S3					ADORESS	
CHY+ST+ZIP TITLE	SARAS PS	UIA FL		T DELETE		CITY-S TITLE	7-ZIP	☐ Change ☐ Addition
NAME		er, robert d		- Decere		NAME		Change
STREET ADDRESS		ROCTOR RD S3					ADDRESS	
CITY-ST-ZIP	SARAS	OTA FL				CITY-S		
TITLE				☐ DELETE	3 1	TITLE		☐ Change ☐ Addition
NAMÉ						NAME		
STREET ADDRESS							ADDRESS	
CITY - ST - ZIP				☐ DELETE		CITY-S TITLE	1-214	Change Addition
NAMÉ				<u> </u>		NAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					4.4	CITY-S	T-ZIP	
TITLE				☐ DELETE	5. 1	TITLE		Change Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				T DELETE		CITY-S TITLE	1 - ZIP	Change Addition
NAME						NAME		- Charge - Notion
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					64	CITY-S	T-ZIP	
certify that	the informat	tion indicated on t al s and	iual recc	od or supolemental april	ual recort	is tru	ie and acc	airly for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further courate and that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: Stephen E. Bloom President/Treasurer 4/23/96

Date Delto Delt

(941) 923-4110