

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000014233 (9)

1. Corporation Name  
B. B. S., INC.



Principal Place of Business

Mailing Address

8059 SE CAMELLIA DRIVE  
HOBE SOUND FL 33455

8059 SE CAMELLIA DRIVE  
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1993

4. FEI Number

65-0387571

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8049 S.E. CAMELLIA DRIVE

Suite, Apt. #, etc.

22

City & State  
HOBE SOUND, FLORIDA

Zip

24 33455

Country

25

2a. Mailing Address

26 8049 S.E. CAMELLIA DRIVE

Suite, Apt. #, etc.

27

City & State  
HOBE SOUND, FLORIDA

Zip

29 33455

Country

30

9. Name and Address of Current Registered Agent

RAUMANN, WILBUR A  
8059 SE CAMELLIA DRIVE  
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

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

8049 S.E. CAMELLIA DRIVE

83

84 City  
HOBE SOUND

FL

85 Zip Code  
33455

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
ROMERO, BARBARA  
STREET ADDRESS 8059 SE CAMELLIA DRIVE  
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ DELETE

NAME VD  
RAUMANN, WILBUR A  
STREET ADDRESS 8059 SE CAMELLIA DRIVE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ DELETE

NAME STD  
RAUMANN, MARGUERITE L  
STREET ADDRESS 8059 SE CAMELLIA DRIVE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8726 S.E. SUNSET DRIVE  
HOBE SOUND, FLORIDA 33455

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8049 S.E. CAMELLIA DRIVE  
HOBE SOUND, FLORIDA 33455

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

8049 S.E. CAMELLIA DRIVE  
HOBE SOUND, FLORIDA 33455

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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] 1/1/98

CR2E034 (10/97)