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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000020584 (7)**

1. Corporation Name

BSB FLORIDA, INC.

Principal Place of Business	Mailing Address
~~103 OSPREY CT.~~ ~~MELBOURNE FL 32934~~ 6490 S US 1 Rockledge FL 32955	~~103 OSPREY CT.~~ ~~MELBOURNE FL 32934~~ 6490 S US 1 Rockledge FL 32955.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3169346	☐ 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	2a. Mailing Address
21 6490 U S 1	26 ~~6490~~ 5226 Dorrington Ln
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Rockledge, FL	28 City & State: Orlando, FL
24 Zip: 32955 25 Country: USA	29 Zip: 32821 30 Country:

9. Name and Address of Current Registered Agent

KHAN, ABDUL M
~~103 OSPREY CT.~~
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name: Mostafizur B Khan
82 Street Address (P.O. Box Number is Not Acceptable): 5226 Dorrington Ln
83
84 City: Orlando FL 85 Zip Code: 32821

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: Gulam K Chowdhury DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~KHAN, ABDUL M~~ ~~103 OSPREY CT.~~ ~~MELBOURNE FL 32934~~ Delete	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition D Mostafizur B Khan 5226 Dorrington Ln Orlando, FL 32821
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~KHAN, MAHBUBA H~~ ~~103 OSPREY CT.~~ ~~MELBOURNE FL 32934~~ Delete	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition VP Gulam K. Chowdhury 6490 US 1 Rockledge, FL 32955
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Gulam K Chowdhury 255-2593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #