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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025801 (0)

**B&B TELECOMMUNICATIONS, INC.** 

Principal Place of Business Mailing Address					- i safrigās sia laint titit absu ābist ā	ON CAME INCOLUNIS	HOLIN DOYOL HAD 1001
10058 SPANISH ISLES BLVD 10058 SPANISH ISLES BLVD							
F-28 BOCA RATON FL 33498 BOCA RATON FL 33498					DO NOT WRIT	E IN THIS SPAC	:E
US					3. Date Incorporated or Qualified		
					04/02/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26					65-0429670		Not Applicable
		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	7 -	3.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip	Country Zip		Country	Country 8. This corporation owes of			
24	25 29		30	Personal Property Tax due June 30. Yes		s 🔲 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
	SHOLTZ, PAUL M		81	Name			
5200 TOWN CENTER CIRCLE				Street Add	lress (P.O. Box Number is Not Accepta	ble)	
SUITE 105 BOCA RATON FL 33488			83	1		<del></del>	
	OA NATON FE 33400						
			64	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the abov	e-named cor	poration submits this statement for the	nurnose of chan	nging its registered
e orice or r	registered agent, or both, in the Sta im familiar with, and accept the obli	ile of Florida. Such change wa	as authorized b	v the corpora	ition's board of directors. I hereby acce	pt the appointm	ent as registered
SIGNATURE			riolida Gialoto	<b>.</b>			
	Signature, typed or printed numer of registered		NOTE: Registered Ag	ent signature requ	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFI		
TITLE NAME	TRISCARI, BENEDITTO		1.1 TITLE			П¢	Change
STREET ADDRESS 10058 SPANISH ISLES BLVD		n	1.2 NAME				1
CITY-ST-ZIP BOCA RATON FL 33498			1.3 STREET ADDRESS				1
TITLE		DELETE	1.4 City-St-ZiP 2.1 Title				hange Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			į
TITLE		☐ DELETE	3.1 TITLE			□ c	hange Addition
NAME			3.2 NAME				ŀ
STREET ADDRESS			3.3 STREET				ļ
CITY-ST-ZIP		- Arter	3 4. CITY-	ST - ZIP			
TITLE	DELETE		4.1 TITLE			□ c	hange [_] Addition
NAME Street adoress			4. 2 NAME	r apporer			
CITY-ST-ZIP			4.3 STREET				
TITLE		DELETE	4.4 CITY - S 5.1 TITLE	51 - 218"	7-1		hange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-S				ļ
TITLE		DELETE	6.1 TITLE			☐ CI	hange Addition
NAME			6.2 NAME				

6.3 STREET ADDRESS

64 CITY-ST-ZIP 4. 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. 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 affacturent with an address.