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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

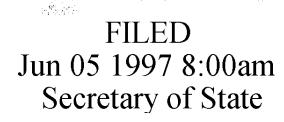
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300056780 (8)

DAVE BEE ENTERPRISES, INC.

Principal Place of Business							
4520 NORTH FEDERAL HIGHWAY							

Mailing Address





4520 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308		4520 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308-5204						
					3. Date Incorporated or Qualified 08/09/1993 3a. Date of Last Report 09/18/1996			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		olied For	
21		26			65-0427186	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S \$8.75 Additional			
22		27			6. Certificate of Status Desired Fee Required			
City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Re	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax under s	199 032	
24	25	29	30			Yes 🗌 No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
BULFIN, BOB				81 Name				
) .	ļ		(5.0.6. N. 1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
	B eas t oakland park blyd Lauderdale fl 33306	•	82 8		ldress (P.O. Box Number is Not Acceptab	16)		
11.1	DIODENDALE I E 00000		83	1				
			84	City	***	FL 85 Zip C	ode	
44 Directions	to the provisions of Continue 607.0	EOD and COZ 1500 Florida Ctatut	loo the ebe	1	arranding pulpoils this statement for the m			
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was	es, trie abo authorized b	y the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appointment as r	egistered	
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: Registere			ent signature re	quired when reinstating)	DATE		
12,	OFFICERS AND DIRECTORS 13		_		ADDITIONS/CHANGES TO OFFIC			
TITLE	PS PARTY	☐ DELETE	1.1 TITLE			L Change	☐ Addition	
NAME	BEE, DAVID		1.2 NAME		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
STREET ADDRESS	4520 N. FEDERAL HWY.		1.3 STREET ADDRESS				l	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CiTy - ST - ZIP		<u> </u>]	
TITLE	☐ DELETE 2.1					☐ Change	☐ Addition	
NAME			2.2 NAME		fr i			
STREET ADDRESS			2.3 STREE	1 ADDRESS	A second			
CITY-ST-ZIP			2. 4 CITY	ST - 21P	$\sum_{i=1}^{n} (i,j) = \sum_{i=1}^{n} (i,j)$			
TITLE	DELE			J. I	A STATE OF THE STA	Change	Addition	
NAME			3.1 TITLE 3.2 NAME	i				
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			3.4. CITY		Nacional Control of the Control of t			
TITLE				51-ZIP		Change	Addition	
J		المال مدرون	4.1 TITLE	.]		C Auguge	L Vontroll	
NAME			4. 2 NAMI	}	A STATE OF LINE AND ADDRESS OF THE A			
STREET ADDRESS			i	T ADDRESS				
CITY-ST-ZIP				ST-ZIP	 	[1 ₈]	1 (1)	
TITLE			5.1 TITLE			L Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	S1 - ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY-					
		· · · · · · · · · · · · · · · · · · ·	2.4 0111	"				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(information indicated on this annual report or supplemental annual report is true and accurate and that my signature shift am an officer or director of the corporation or the receiver or troptee empowered to execute this report as required by appears in Block 12 or Block 13 if changed, or of an attachment with an address. Stalutes. I further certify that the same legal effect as if made under oath; that 607, Florida Stalutes; and that my name