SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996		DIVISION OF CORPORATIONS				
DOCUMENT #	P93000088486 (4)					
BUSY BEE, INC.						
Principal Place of Business	Mail	ing Address				
203 S 20		O SO OCEAN BLVD S M BEACH FL 33480				



Principal Place of Business Mailing Address						
3140 SO OCEAN BLVD 203 S PALM BEACH FL 33480		3140 SO OCEAN BLVD 203 S PALM BEACH FL 33480				
				Date Incorporated or Qualified     12/29/1993	3a. Date of Last Report 04/24/1995	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number 59-3215505	Applied For Not Applicable
Suite, Apt i	¥, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>I</sub> p	Country	<del></del>	8. This corporation has liability for	intangible tax under s. 199 032.
4	25		30		Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Re	gistereo Agent
FLOYD, BILLIE 100 CENURY BLVD EXCUTIVES OFFICES WEST PALM BEACH FL 33417			82	Street Add	iress (P.O. Box Number is Not Acceptat	le)
,			84	City		85 Zip Code
				1	poration submits this statement for the p	FL 183 2 17 Code
SIGNATURE.  12. TITLE	P	spiritani tite il soprati i (NOTÈ ND DIRECTORS DELETE	13. 11 THTLE	ent signafore (6))	ured when roustaing) ADDITIONS/CHANGES TO OFF)	CARS AND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS	LEVY, FREDERICK 100 CENTURY BLVD., EXEC WEST PALM BEACH FL 33		- E	I ADDRESS		
CHY-ST-ZIP TITLE	ST ST	DELETE	1 4 CITY 2 1 TIFLE	51 · ZIF		Change Additio
NAME	LEVY, LILLIAN L		2.2 NAMÉ			
STREET ADDRESS	100 CENTURY BLVD., EXEC WEST PALM BEACH FL 33			T ADDRESS		
CITY - ST - ZIP TITLE	WEST FALM DEAUTIFE SS	DELETE	3 1 TITLE	51 · 21P		Change Addition
NAME			3 2 NAME			
-						
STREET ADDRESS			3.3 STREE	.1 ADDRESS		
			3 3 STREE			
CITY - ST - ZIP		DELETE	34 CITY 4 TITLE	- S1 - ZIP		Change Additio
CITY - ST - ZIP TITLE		DELETE	3.4 CITY 4.1 TITLE 4.2 NAME	-S1-ZIP		Change Addition
CITY - ST - ZIP TITLE NAME		DELETE	3.4 CITY: 4.1 TITLE 4.2 NAMS 4.3 STREE	-S1-ZIP 		Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.4 CITY 4.1 TITLE 4.2 NAMS 4.3 STREE 4.4 CITY 5.1 HTLE	- S1 - ZIP 		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELÉFE	34 CITY 4 * TITLE 4 2 NAME 4 3 STREE 4 4 CITY 51 HILE 52 NAME 53 STREE 54 CITY 61 TIBLE 62 NAME	S1-ZIP  ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP		Charge Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE DELETE	3 4 CITY 4 1 TITLE 4 2 NAME 4 3 STREE 4 4 CITY 5 1 TITLE 5 2 NAME 5 3 STREE 5 4 CITY 6 1 TITLE 6 2 NAME 6 3 STREE	S1-ZIP  IT ADDRESS S1-ZIP  IT ADDRESS S1-ZIP  IT ADDRESS S1-ZIP	alify for the exemption stated in Section	Charge Adding

turther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the information indicated on this annual report or supplemental annual report is true and accurate and that the information indicated on this annual report as the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block is or Block is or Block in that the information indicated on this annual report is true and accurate and that the information indicated on this annual report is true and accurate and that the information indicated on this annual report is true and accurate and that the information indicated on this annual report is true and accurate and that the information indicated on this annual report is true and accurate and that the information indicated on this annual report is true and accurate and that the information indicated on the same report as the s

SIGNATURE: ....