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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

1. Corporatio	MENI# In Name BBAR, INC	1 0 70	00051	260 (5)				1188 1188 11848 8 1	JA 61 4 J 6 01
Principal Place of Business Mailing Address									
445 EAST PALMETTO PARK ROAD BOCA RATON FL 33432				445 EAST PALMETTO PARK ROAD BOCA RATON FL 33432			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
									i
2. Principal Place of Business 2a. Mailing Addres							07/12/1994 4. FEI Number	ΙΔ,	oplied For
21			26	26			65-0514666		ot Applicable
Suite, Apt.	#, otc			Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & Stat	e			City & State			6. Election Campaign Financing		May Be
23			28	28			Trust Fund Contribution		to Fees
Zip 24	25	Country	29 29	Zip Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered	3 Agent	
BIEHL, ALBERT						Name			
445 EAST PALMETTO PARK ROAD					82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432					83				
					**				
						City	Fi	I. I - I	Code
11. Pursuant	to the provisions	of Sections 607.	0502 and 607.	1508, Florida Statu	tes, the above	e-named co	rporation submits this statement for the purpose	of changing it	s registered
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 egistered agent, or both, in the State of forda Such Alarge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and section the order of									
ļ. <u>.</u>	Signalu e, ypae e pr		agent and tille it up			ent signature req	uired when reinstating) DATE		
12.	(p)	OFFICER	AND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN		
NAME	BIEHL, ALB			□ bettit	1.1 HILE 12 NAME			L_ Change	☐ Addition
STREET ADDRESS					1.3 STREET	Anneces			
CITY-ST-ZIP	BOCA RATON FL 33432				14 CITY-S				
TITLE	PVST	011 1 2 00 102	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2.1 TITLE	11-211		Change	Addition 9
NAME	BICHL, JANINE				2.2 NAME				
STREET ADDRESS						ADDRESS			
CITY - ST - ZIP	F-ZIP BOCA RATON FL 33432					ST-ZIP			
TITLE				DELETE	3.1 TITLE			Change	☐ Addition
NAME				•	3.2 NAME				
STREET ADDRESS					3.3 STREFT	ADDRESS			
CITY-ST-ZIP				Decemen	3.4. CITY- S	ST-ZIP		· I - 2	F''1
TITLE				DELETE	4.1 TITLE			☐ Change	Addition
NAME ,					4. 2 NAME				1
STREET ADDRESS CITY-ST-ZIP					4.3 STREET				İ
TITLE			·····	DELETE	4.4 CITY - S 5.1 TITLE	1-EIP		Change	Addition
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.4 CITY-S				
TITLE				DELETE	6.1 TITLE		** · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			İ
CITY-ST-ZIP					6.4 CITY-S	T-ZIP			

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 angular lepost 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