

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90206 015 ***150.00

DOCUMENT # P94000051260

1. Corporation Name
TRIPLE B BAR, INC.



Principal Place of Business
**445 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432**

Mailing Address
**445 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number
65-0514666

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **21796 Cartagena Dr**

26 **21796 Cartagena Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Boca Raton FL**

27 **Boca Raton FL**

City & State

City & State

23 **Boca Raton FL**

28 **Boca Raton FL**

Zip

Zip

24 **33428** 25 **FL**

29 **33428** 30 **FL**

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIEHL, ALBERT
445 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**
NAME **BIEHL, ALBERT**
STREET ADDRESS **445 EAST PALMETTO PARK ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **PVST**
NAME **BIEHL, JANINE**
STREET ADDRESS **445 EAST PALMETTO PARK ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Albert Biehl**

1.3 STREET ADDRESS **21796 Cartagena Dr.**

1.4 CITY-ST-ZIP **Boca Raton, Fla. 33432**

2.1 TITLE **PVST** ☒ Change ☐ Addition

2.2 NAME **Janine Biehl**

2.3 STREET ADDRESS **21796 Cartagena Dr**

2.4 CITY-ST-ZIP **Boca Raton, FL 33432**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99
Date

5614821481
Daytime Phone #

CR2E034 (11/98)