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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90206 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000052424

1. Corporation Name

TRIPLE B BAR ASSOCIATES, INC.

Principal Place of Business

445 E PALMETTO PARK RD
BOCA RATON FL 33432
US

Mailing Address

445 E. PALMETTO PARK ROAD
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number

65-0514664

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

21 21796 Cartagena Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 21796 Cartagena Dr
Suite, Apt. #, etc.

23 City & State

Boca Raton Fl.

28 City & State

Boca Raton Fl.

24 Zip Country

33428 Palm Bch

29 Zip Country

33428 Palm Bch

9. Name and Address of Current Registered Agent

BIEHL, ALBERT DR
21796 CARTAGENA DRIVE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 21796 CARTAGENA DR
CITY-ST-ZIP BOCA RATON FL

TITLE PST
NAME BIEHL, JANINE
STREET ADDRESS 21796 CARTAGENA DR
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE D
1.2 NAME Albert Biehl
1.3 STREET ADDRESS 21796 Cartagena Dr.
1.4 CITY-ST-ZIP Boca Raton, Fl. 33428

2.1 TITLE PST
2.2 NAME Janine Biehl
2.3 STREET ADDRESS 21796 Cartagena Dr
2.4 CITY-ST-ZIP Boca Raton, Fl. 33428

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

4.1.99

561-4127481

Date

Daytime Phone #

CR2E034 (11/98)