

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
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 07 1996 8:00 am
Secretary of State

DOCUMENT # P94000060461 (8)

1. Corporation Name

BBEG, INC.



Principal Place of Business

Mailing Address

P.O. BOX 8993
CORAL SPRINGS FL 33075

P.O. BOX 8993
CORAL SPRINGS FL 33075

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/17/1994

3a. Date of Last Report
11/27/1995

4. FEI Number

APPLIED FOR 65-0513204

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

BRAVERMAN, STEVEN D PA
2021 E. COMMERCIAL BLVD.
STE. 304
FT. LAUDERDALE FL 33308

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, on oath, 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]

(If OFF: Registered Agent signature required when resigning)

07-26-96

DAY

12. OFFICERS AND DIRECTORS

TITLE

P

PROVOST, MICHAEL G

1648 SE 12TH COURT

FT. LAUDERDALE FL 33316

☐ DELETE

TITLE

☐ DELETE

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SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-26-96

954-761-8930

DAY

Daytime Phone

CR2E034 (3/96)