

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

DOCUMENT # **P94000062523 (3)**

1. Corporation Name
B & B RECOVERY, INC.



Principal Place of Business: **13601 SW 79TH COURT MIAMI FL 33158**
 Mailing Address: **13601 SW 79TH COURT MIAMI FL 33158**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 05/01/1995
21. Suite, Apt #, etc	22. City & State	23. Zip	24. Country	25. Country	26. Applied For Not Applicable
27. Suite, Apt #, etc	28. City & State	29. Zip	30. Country	4. FEI Number 65-0575312	5. Certificate of Status Desired <input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRAUSE, THOMAS E 9700 S. DIXIE HWY, SUITE 550 MIAMI FL 33158				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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COLLEDGE, ROBERT H			12. NAME			
STREET ADDRESS	13601 SW 79TH COURT			13. STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33158			14. CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COLLEDGE, BARBARA J			22. NAME			
STREET ADDRESS	13601 SW 79TH COURT			23. STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33158			24. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY - ST - ZIP				34. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY - ST - ZIP				44. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY - ST - ZIP				54. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				64. CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.02(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert H. Colledge* **ROBERT H. COLLEDGE** 8/5/96 (305) 235-1215
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Number

CR2E034 (3/96)