

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000080245

1. Corporation Name

SBB TECHNOLOGIES, INC.

Principal Place of Business

**1570 NW 126th STREET
NORTH MIAMI, FL 33167**

Mailing Address

**1570 NW 126th STREET
NORTH MIAMI, FL 33167**

2. Principal Place of Business

21 13851 SW 37 COURT

Suite, Apt. #, etc.

2a. Mailing Address

26 13851 SW 37 COURT

Suite, Apt. #, etc.

22
City & State

23 DAVIE, FLORIDA

Zip

24 33330

Country

25 BROWARD

27
City & State

28 DAVIE, FLORIDA

Zip

29 33330

Country

30 BROWARD

9. Name and Address of Current Registered Agent

**JAMES N. BRADFORD, JR., C.P.A.
2100 W. 76th STREET, STE.211
HIALEAH, FL 33016**

3. Date Incorporated or Qualified

11/02/94

3a. Date of Last Report

1995

4. FEI Number

65-0562502

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

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if different from above

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PRESIDENT/DIRECTOR**
STREET ADDRESS **RON SIMMONS**
CITY-ST-ZIP **1570 NW 126 STREET
NORTH MIAMI, FL 33167**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
NAME **PRESIDENT/DIRECTOR**
12. NAME **RON SIMMONS**
13. STREET ADDRESS **13851 SW 37 COURT**
14. CITY-ST-ZIP **DAVIE, FL 33330**

2.1 TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ron Simmons**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (305) 934 0229
DATE Daytime Phone #

CR2E034 (12/95)