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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 07 1997 8:00am

Secretary of State

DOCUMENT # P9500006516 (5)

B & B ACCOUNTING & TAXES, INC.

Principal Place of Business Mailing Address 9003 BOUTHWEST 19 STREET 8603 SOUTHWEST 19 STREET NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068-4724 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0558224 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zø Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Beattie, Elizabeth 8603 SOUTHWEST 19 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH LAUDERDALE FL 33068** 83 84 City 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 applied with, and accept the obligations. Section 607.0505, Florida Statutes. (NOTE: Rog stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME BEATTIE, ELIZABETH R 1.2 NAME 8603 SOUTHWEST 19 STREET STREET ADDRESS 1.3 STREET ADDRESS **NORTH LAUDERDALE FL 33068** CITY-ST-ZIP 1.4 CHY-S1-7IP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TILLE Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE **G.1 TITLE** Change Addition NAME 6.2 NAME

14. I do 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 if am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

6.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS