FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015029 (8)

B & D2 ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4905 34TH STREET SOUTH #5100 ST PETERSBURG FL 33711 4905 34TH STREET SOUTH #5100 ST PETERSBURG FL 33711-4511

FILED Jun 10 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 02/21/1995		o of Last I 7/1996	Report	
	Place of Business	2a. Mailing Address				4. FEI Number		 	pplied For	
21		26				59-3294906			lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	е	Crty & Stato			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country 25	Zip	Country 30			8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes 🗹 Yo				
	9. Name and Address of Current	Registered Agent	1			10. Name and Address of New Reg	gistered A	gent		
BRA	NT, SHERYL		1	B1 N	lame					
4075-01-0TREET-SOUTH-#328					OO Cross Address (D.O. Co., No., Louis Not Assessable)					
ST PETERSBURG FL 33711					82 Street Address (P.O. Box Number is Not Acceptable)					
1			į.	B3	7-7-2-3					
1			Ļ		2			1T =		
			16	B4 (City		FI	85 Zip	Code	
11. Pursuant office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State of more familiar with, and accept the obligations.	and 607.1508, Florida Statute of Florida, Such change was a tions of Section 607.0505, Flo	es, the about the status of th	ove-na by that	amed corpo e corporati	oration submits this statement for the pon's board of directors. I hereby accept	urpose of c	hanging intment as	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered agen						DATE			
12.	OFFICERS AND DIRECTORS 13				<u> </u>		DIRECTORS IN 12			
TITLE	DELETE		_	1.1 DITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME	D'AMARIO, GREGORY J		1.2 NAN				_			
STREET ADDRESS	4905 34TH STREET SOUTH #5	100	- 1	EET ADO	neess					
CITY-ST-ZIP	ST PETERSBURG FL 33711			1.4 CITY-ST-ZIP					İ	
TITLE	D			2.1 TITLE				Change	Addition	
NAME	BRANT, SHERYL L		2.2 NAN	2.2 NAME				_	_	
STREET ADDRESS	4905 34TH STREET SOUTH #5	100	2 3 STR	EET ADD	DRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33711		2. 4 CiTY - ST - ZiP		1				Ĭ	
TITLE				3.1 THILE				Change	Addition	
NAME	D'AMARIO, KAREN L	· /\								
STREET ADDRESS	THE RESERVE AND THE PARTY OF TH		3.3 STR	EE1 ADD	DRESS				Ì	
CITY-ST-ZIP	AT APTERADISE PLANTA			Y-\$1-7	71P				İ	
TITLE		DELETE						Change	Addition	
NAME			4. 2 NA	ME				•		
STREET ADDRESS			4.3 S1R	EET ADD	ORESS					
CITY-ST-ZIP			1	Y-ST-ZI	1]	
TITLE		DELETE	5 1 7111		<u> </u>			Change	☐ Addition	
NAME		_	5.2 NAM		İ		_	_		
STREET ADDRESS			5.3 STRI)BESS				ļ	
CITY-ST-ZIP			5 4 C/TY		· {					
TITLE		DELETE	61 THL				Г	Change	Addition	
NAME			6.2 NAM				_			
STREET ADDRESS			6.3 STRI		IRESS				}	
			6.4 CITY		(ļ	
CITY-ST-ZIP			0.4 UII Y	1.01.7	<i>σ</i>					

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 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 physoration 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 or on an attachment with an address.

CICNATUDE.

Middle Brackley

4-28-27 813-866.7914