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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000015279 (9)

B 3 I. INC.

Principal Place of Business Mailing Address %GEORGE AMANDOLA **%GEORGE AMANDOLA** 10740 N.W. 16TH CT. 10740 N.W. 16TH CT. PLANTATION FL 33322 PLANTATION FL 33322-6457 3. Date incorporated or Qualified 3a. Date of Last Report 04/25/1996 02/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0556538 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{10}$ Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 🔀 Yes 🔲 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMANDOLA, GEORGE 10740 N.W. 16TH CT. Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 84 City Zip Code of 60 .1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered per of, Section 50 .505. Florida Statutes. 11. Pursuant to the provise is of Sections 607.0502 office or registered agent. Lam familiar with, and accept the obligations SIGNATUR (NOTE: Registered Agent signature required when reinstating) tered agent and title it applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THLE 11 TITLE Change Addition AMANDOLA, GEORGE NAME 12 NAME 10740 N.W. 16TH CT. STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33322 CITY-SI-7P 1.4 CiTY-ST-ZIP DELETE TILE 21 TITLE Change Addition AMANDOLA, ANN NAME 2.2 NAME 10740 N.W. 16TH CT. STREET ADERESS 2.3 STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP 2 4 CITY-ST-ZIP 101.6 DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CH19 - \$1 - 21P 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY-ST-ZIP THTLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** C-TY - ST - Z(P 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST. ZIP 6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information

Lam an officer or director of the cappears in Block 12 or Block 13

information indicated on this annual a

changed, or on an attachme

.....

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

Fort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or on the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

april 15, 1887

954/958-5410

**FILED** 

Apr 22 1997 8:00am

Secretary of State