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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068021 (1)

B B W ASSOCIATES, INC.

Principal Place of Business

94220 OVERSEAS HWY #4D 84220 OVERSEAS HWY #4D TAVERNIER FL 33070 TAVERNIER FL 33070-3005 3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1995 07/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For フイケケネク APPLIED FOR Not Applicable 21 26 Suite, Apt. #, etc. Sulte. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \bigcap \) No Zip Country Z#: 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BANES, BRIAN 94220 OVERSEAS HWY #4D 82 Street Address (P.O. Box Number is Not Acceptable) **TAVERNIER FL 33070** 83 City 84 Zip Codo 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 Horida, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DP DELETE Change Addition TITLE BANES, BRIAN NAME 1.2 NAME CR2E034 94220 OVERSEAS HWY STREET ADDRESS 1.3 STREET ADDRESS **TAVARNIER FL 33070** CITY-ST-ZIP 1.4 CITY-ST-ZIF DELETE Change Addition TITLE 2 1 100 F 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE ☐ Change \_\_\_ Addition 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 THEF

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 eath; that I 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 changed, or on an attachment with an address.

5.2 NAME

6.1 THLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 DITY-ST-ZIP

5.4 CITY - ST - ZIP

SIGNATURE PER LA

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4/21/02 30-851 7862

Change

Addition

**FILED** 

Apr 28 1997 8:00am

Secretary of State