

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P95000074180 (7)

1. Corporation Name

B B & B MANAGEMENT GROUP, INC.



Principal Place of Business 3232 WELLINGTON RD ALEXANDRIA VA 22302	Mailing Address 3232 WELLINGTON RD ALEXANDRIA VA 22302-2229
--	---

3. Date Incorporated or Qualified 09/25/1995	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 1531 E. COMMERCIAL BLVD Suite Apt # etc.	2a. Mailing Address 27 5410 LYONS RD Suite, Apt. #, etc. #105
22 City & State 23 FT. LAUDERDALE FL	28 City & State COCONUT CREEK FL
24 Zip 33334	25 Country USA
29 Zip 33073	30 Country USA

4. FEI Number 58-2206957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MINTON, MICHAEL D
1903 S 25TH ST
FT PIERCE FL 34947**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0505, Florida Statutes

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATKINS, DERBY H	
STREET ADDRESS	3232 WELLINGTON RD	
CITY-ST-ZIP	ALEXANDRIA VA 22302	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINUZZI, DARLENE A	
STREET ADDRESS	2407 SIMPKINS FARM DR	
CITY-ST-ZIP	HERNDON VA 22071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLSON, SUSAN R	
STREET ADDRESS	3250 S UTAH ST	
CITY-ST-ZIP	ARLINGTON VA 22206	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRISP, CAROLYN	
STREET ADDRESS	2407 SIMPKINS FRAT DRIVE	
CITY-ST-ZIP	HERNDON VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTINUZZI, DARLENE	
2.3 STREET ADDRESS	5410 LYONS RD #105	
2.4 CITY-ST-ZIP	COCONUT CREEK FL 33073	
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CRISP, CAROLYN	
4.3 STREET ADDRESS	5410 LYONS RD #105	
4.4 CITY-ST-ZIP	COCONUT CREEK FL 33073	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: **Carolyn Crisp**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97 **954-202-0919**

Date

Daytime Phone #

CR2E034 (9/96)