FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000081888 (6)

B & D HOLDINGS, INC.

Difference Dress	1 D. circos	Maluse Address	· · · · · · · · · · · · · · · · · ·			
Principal Place of Business 22179 CLOCKTOWER WAY BOCA RATON FL 33428		Maing Address 22179 Clocktower Way Boca Raton Fl 33428				
					3. Date Incorporated or Qualified 10/23/1995	3a. Date of Last Report
Principal Place of Business 21		2a. Maining Address 26		4. FEI Number 65-0616359	Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Gountr 30	У	This corporation has liability for Florida Statutes	intangible tax under s 199.032, ☐ No
- 1	9. Name and Address of Current				10. Name and Address of New F	egistered Agent
			8	1 Name		
	ARO, DENNIS LOCKTOWER WAY		82 Street A		dress (P.O. Box N.mber is Not Acceptable)	
	ATON FL 33428	E		3	J. MAR. 4	
			8-	4 City		FL 85 Zip Code
CICNIATH DE	n, and accept the objections of, Section Common Com	c-	1016 - Biogesteric Au	est squatare respo		4/19/96
			13.	, r	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	D CAVACHADO MADV E	DELETE	1 1 THU 1 2 NAMI	1		Sharge Addition
NAME	CAVAGNARO, MARY E 22179 CLOCKTOWER WAY			ET ADDRESS		
STREET ADDRESS	BOCA RATON FL 33428		14 CHY			
CITY+ST-ZIP TITLE	D	☐ DELĒTĒ	2 1 117.			Change Addition
NAME	CAVAGNARO, DENNIS	-	2.2 NAM-	E		
STREET ADDRESS	22179 CLOCKTOWER WAY		2 3 STRE	ET ADORESS		
CITY - ST - ZIP	BOCA RATON FL 33428		2.4.011Y	- S1 - ZIF		
TITLE		DELETE	3 1 T:TL	j		Change Addition
NAME			3.2 NAM			
STREET ADDRESS				EFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY 4.1 THE			Change Addition
NAME		C.1	4.2 NAM			
STREET ADDRESS			l l	ET ADORESS		
CITY-ST ZIP			4.4.0111	- \$1 - 20P		
TITLE		☐ DELETE	5 I TITE	ŧ		Change Addition
NAME			5.2 NAM	:		
STREET ADDRESS			5.3 STRE	EL ADDRESS		
CITY-ST-ZIP		F DE ET		-Sr-71P		Change Addition
TITLE		☐ DELETE	6 1 THL			Change Addition
NAME			6.2 NAM			
STREET ADDRESS				EFF ADDRESS		
CITY-ST-ZIP	v certify that the information supplied a	with this filma is voluntarily fo	rnished and d	- ST-ZIP Desinot qualify	for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further
certify that oath, that	the information indicated on this appli	ial report or supplemental ai iration or the receiver or trus	nnual report is stee empowere	true and accu	rate and that my signature shall have the his report as required by Chapter 607, F	e same legal effect as it mage unger

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/96 407-483

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