

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

FILED

Apr 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000082254 (0)

1. Corporation Name  
CBB HOLDING INC.Principal Place of Business  
1500 CORDOVA  
SUITE 300  
FT. LAUDERDALE FL 33316Mailing Address  
1500 CORDOVA  
SUITE 300  
FT. LAUDERDALE FL 33316-2189

3. Date Incorporated or Qualified 10/26/1995	3a. Date of Last Report 03/25/1996
4. FEI Number 65-0634436	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

## 9. Name and Address of Current Registered Agent

HODGES, WILLIAM  
1500 CORDOVA  
SUITE 300  
FT. LAUDERDALE FL 33316

## 10. Name and Address of New Registered Agent

81 Name Theodore M. Moses	85 Zip Code 33316
82 Street Address (P.O. Box Number is Not Acceptable) 1500 Cordova Road, Suite 300	
83	
84 City Ft Lauderdale,	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, WILLIAM	1.2 NAME	
STREET ADDRESS	1500 CORDOVA SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, THEODORE	2.2 NAME	
STREET ADDRESS	1500 CORDOVA SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DANIEL L	3.2 NAME	
STREET ADDRESS	1500 CORDOVA SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Browne Pearson
STREET ADDRESS		4.3 STREET ADDRESS	1500 Cordova Rd, Suite 300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Lauderdale, FL 33316
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Theodore M. Moses, President

March 26, 1997 (954)7674667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)