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May 09 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 # P95000086522 (6)

1. Corporation Name
BUBBALINI'S, INC.



Principal Place of Business
231 CAPRI BLVD.
ISLES OF CAPRI FL 33962

Mailing Address
231 CAPRI BLVD.
ISLES OF CAPRI FL 34113-0611

3. Date Incorporated or Qualified 11/13/1995
3a. Date of Last Report 06/06/1996

2. Principal Place of Business
21 1061 N. Collier
Suite, Apt. #, etc.
22
City & State
23 MARCO Island, FL
Zip Country
24 34145 25 USA
2a. Mailing Address
26 PO BOX 519
Suite, Apt. #, etc.
27
City & State
28 MARCO Island, FL
Zip Country
29 34146 30 USA

4. FEI Number 65-0349317
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LYNCH, ROSEANNE N
2 SOUTH UNIVERSITY DRIVE, SUITE 200
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 PD ☐ DELETE
NAME ROWLEY, DENNIS
STREET ADDRESS 231 CAPRI BLVD
CITY-ST-ZIP ISLES OF CAPRI FL 33962
TITLE TSD ☐ DELETE
NAME ROWLEY, FLORENCE
STREET ADDRESS 231 CAPRI BLVD
CITY-ST-ZIP ISLES OF CAPRI FL 33962
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 985 CAXAMBAS RD
1.4 CITY-ST-ZIP MARCO ISLAND, FL 34145
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 986 CAXAMBAS RD
2.4 CITY-ST-ZIP MARCO ISLAND, FL 34145
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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: Dennis R. Rowley 3-3097 941 642-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)