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



1	PROFIT RPORATION JUAL REPORT 1996		FLORIDA DEPARTMENT OF ST, Sandra B. Mortham Secretary of State DIVISION OF CORPORATION					
DOCU 1. Corporation	IMENT # F	9500009	6364 (1	)				
BBS-B	OCASOUTH BOA	T SALES INC.				1 18641864 HG (610) 641H BRIGG 641H	Ağılı Balık ığın e	
	ce of Business		Mailing Address 580 N FEDERAL HIGHWAY DEERFIELD BEACH FL 33441			ı isəliməl ilə fərbi dibil bəlil dülli	mates Mates Satte Dr	1150 (1150 B)(1) \$151  651
	ral Highway Beach FL 33441							
						3. Date Incorporated or Qualified 12/21/1995	3a. Date o	f Last Report
2. Principal F	lace of Business	<b>├</b> ─-`	Mailing Address	— <del></del>		4. FEI Number		Applied For
Suite, Apt.	. #, etc	26	Suite, Apt. #, etc			65-0637468		Not Applicable
22		27	Some, 1470. II., Old			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stal	le	<b>⊢</b> −-₁	City & State	·	<del>-</del>	6. Election Campaign Financing		\$5.00 May Be
<b>23</b> Zip	Count	28 rv	Zφ	Country		Trust Fund Contribution		Added to Fees
24	25	29		30 Country		8. This corporation has liability for Florida Statutes		unders 199.032,
	9. Name and Addr	ess of Current Regist	ered Agent	81	Nanie	10. Name and Address of New	Registered Ag	ent
10676 P	TEMEYER, MICHAEL I TEBBLE COVE LANE TATON FL 33498	1		82 63	Street Add	dress (P.O. Box Number is Not Accepta		85 Žip Code
11. Pursuant	to the provisions of Sect	ons 607,0502 and 607	.1508, Floriga Statu	tes, the above r		oration submits this statement for the pu	PL	
or registe familiar w	ired agent, or both, in the ith, and accept the oblig	e State of Florida (Such- ations of, Section 607.0	change was authori 505, Florida Statute	zed by the corp is	oration's bo	pration submits this statement for the pu and of directors. Thereby accept the app	ointment as reg	gistered agent. I am
SIGNATURE	Signature: typed or printed name		,					
12.		DEFICERS AND DIRECT		Off Playete ed Agei	18 gradute regin	at visc rentating ADDITIONS/CHANGES TO OFF	DATE	DECTORS IN 12
TIFLE			DELETE	1 1 TiTLE	Z	RESIDENT & DIRE		
NAME				1.2 NAME	A	TICHAEL SCHUT	THEV	ER.
STREET ADDRESS				1.3 STREET	ADDRESS /	OUTE PEBBLE CO	VE CAN	VE.
CITY+ST+ZIP TITLE	<u></u>	***************************************		1 4 CITY - S	1-2IP Z	BOCA KATON, FL	3349	9 P
NAME			☐ DELETE	2 1 TITLE	8	ECRETARY TREA.	SUCERCI	Change Addition
STREET ADDRESS				2.2 NAME	0	AVID THOMAS		
CITY-ST-ZIP				23 STREET	ADDRESS	52 REDDING RD LEDDING, CT. U	1.001	
TITLE		*** · · · · · · · · · · · · · · · · · ·	DELETE	3 1 11/15	1.71	· REODING, CI. V	70 70	Prange
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STREET ADDRESS				4.3.579[6]	i i			
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CITY - ST - ZIP				5 4 CHY-\$1	[			
TITLE			DETE LE	6 1 T.TLF				hange
NAME				6.2 NAME			<u></u>	- <del></del> -
STREET ADDRESS				_	1			

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not quarify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify that I am an officer or director of Aje comparation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if ordinged or in an attachment with an address.

SIGNATURE:

4/80/90 074-360-03/3

SIGNATURE AND TYPEO OR PRINTED NAME OFFICER OR DIRECTOR

CR2E034 (12/95)