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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000096721 (2)**

1. Corporation Name

B & F HOLDINGS, INC.



Principal Place of Business

**C/O BOYES & FARINA, P.A.
1601 FORUM PLACE, SUITE 900
WEST PALM BEACH FL 33401**

Mailing Address

**C/O BOYES & FARINA, P.A.
1601 FORUM PLACE, SUITE 900
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**FARINA, JOHN
C/O BOYES & FARINA, P.A.
1601 FORUM PLACE, SUITE 900
WEST PALM BEACH FL 33401**

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 of the person submitting this report on behalf of the corporation

Signature of the Registered Agent or person submitting this report

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BOYES, WILLIAM E**
STREET ADDRESS **C/O 1601 FORUM PLACE, STE. 900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **FARINA, JOHN**
STREET ADDRESS **C/O 1601 FORUM PLACE, STE. 900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(4)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered or trusted employee of the corporation; that this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or if changed, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally signed by

CR2E034 (12/95)