

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000008824 (0)**

1. Corporation Name
BKB, INC.



Principal Place of Business % BAY PLAZA EXECUTIVE CENTER 1290 PALM AVENUE SARASOTA FL 34236	Mailing Address % BAY PLAZA EXECUTIVE CENTER 1290 PALM AVENUE SARASOTA FL 34236-5004
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip, Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip, Country 29
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3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last Report
4. FEI Number 65-0162821	Applied For 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	

9. Name and Address of Current Registered Agent
**KAUFFMAN, MARK S
% BAY PLAZA EXECUTIVE CENTER
1290 PALM AVENUE
SARASOTA FL 34236**

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 *Mark Kaufman* DATE *Apr 11, 1997*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAND, DAVID S	
STREET ADDRESS	% 240 S. PINEAPPLE AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAND, MYRNA L	
STREET ADDRESS	% 240 S. PINEAPPLE AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUFMAN, MARK S	
STREET ADDRESS	455 LONGBOAT KEY ROAD, PH #4	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUFMAN, IRENE E	
STREET ADDRESS	455 LONGBOAT KEY ROAD, PH #4	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRODSKY, RANDALL I	
STREET ADDRESS	3862 COUNTRY PLACE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRODSKY, RANDI L	
STREET ADDRESS	3862 COUNTRY PLACE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34233	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Kaufman* DATE *Apr 11, 1997* (94)951-176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)