

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90263 035 \*\*\*150.00

DOCUMENT # P96000008824

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

65-0662821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAUFFMAN, MARK S  
% BAY PLAZA EXECUTIVE CENTER  
1290 PALM AVENUE  
SARASOTA FL 34236

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BAND, DAVID S  
STREET ADDRESS % 240 S. PINEAPPLE AVENUE  
CITY-ST-ZIP SARASOTA FL 34236

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME BAND, MYRNA L  
STREET ADDRESS % 240 S. PINEAPPLE AVENUE  
CITY-ST-ZIP SARASOTA FL 34236

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME KAUFMAN, MARK S  
STREET ADDRESS 455 LONGBOAT KEY ROAD, PH #4  
CITY-ST-ZIP LONGBOAT KEY FL 34228

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME KAUFMAN, IRENE E  
STREET ADDRESS 455 LONGBOAT KEY ROAD, PH #4  
CITY-ST-ZIP LONGBOAT KEY FL 34228

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME BRODSKY, RANDALL I  
STREET ADDRESS 3662 COUNTRY PLACE BLVD.  
CITY-ST-ZIP SARASOTA FL 34233

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME BRODSKY, RANDI L  
STREET ADDRESS 3662 COUNTRY PLACE BLVD.  
CITY-ST-ZIP SARASOTA FL 34233

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

David S. Band  
Director

4/8/99

941-366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/198)

0474238