

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000029059 (8)

1. Corporation Name
B.D. CABS, INC.

Principal Place of Business

1643 PINE PLACE
CLEARWATER FL 34615

Mailing Address

1643 PINE PLACE
CLEARWATER FL 34615-1354

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

9. Name and Address of Current Registered Agent
DECHEN, GERALD R
1643 PINE PLACE
CLEARWATER FL 34615

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

FILED
May 20 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
4. FEI Number 59-3382035	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes □ No	
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 re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECHEN, GERALD R	12. NAME	
STREET ADDRESS	1643 PINE PLACE	13. STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	14. CITY-ST-ZIP	
TITLE	DP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECHEN, ELIZABETH A	22. NAME	
STREET ADDRESS	1643 PINE PLACE	23. STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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.

CR2E034 (9/96)