

6-2-97 B-1114 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jun 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000029527 (4)

1. Corporation Name  
B & B MANAGEMENT GROUP II, INC.

Principal Place of Business  
2101 W COMMERCIAL BLVD.  
SUITE 1500  
FORT LAUDERDALE FL 33309

Mailing Address  
2101 W COMMERCIAL BLVD.  
SUITE 1500  
FORT LAUDERDALE FL 33309-3068

3. Date Incorporated or Qualified 04/03/1996	3a. Date of Last Report
4. FEI Number 65-0665264	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
BRONSON, STEVEN N  
2101 W COMMERCIAL BLVD.  
SUITE 1500  
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent  
81 Name  
BRONSON, STEVEN N.  
82 Street Address (P.O. Box Number is Not Acceptable)  
201 S. Biscayne Blvd.  
83 Suite 2950  
84 City  
Miami, FL 85 Zip Code  
33131

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 STEVEN N. BRONSON, REGISTERED AGENT 4/25/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BRONSON, STEVEN N
STREET ADDRESS	2101 W COMMERCIAL BLVD. STE 1500
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D and President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRONSON, STEVEN N.
1.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950
1.4 CITY-ST-ZIP	Miami, FL 33131
2.1 TITLE	D and EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CASSEL, JAMES S.
2.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	D and VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARBER, BRUCE C.
3.3 STREET ADDRESS	2101 W. Commercial Blvd., Suite 1500
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELLIOTT, ERIC R.
4.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950
4.4 CITY-ST-ZIP	Miami, FL 33131
5.1 TITLE	D and ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOOTH, BARRY J.
5.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950
5.4 CITY-ST-ZIP	Miami, FL 33131
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: STEVEN N. BRONSON 4/25/97 (305) 536-8500  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)