

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

92 APR 27 AM 11:51

SECRETARY OF STATE  
KATHERINE HARRIS, FLORIDA

DOCUMENT #

1. Corporation Name P96000034496

SRBB, Inc.

Principal Place of Business

Mailing Address

7431 College Parkway 145 E. 32nd St., Ste. 500  
Ft. Myers, FL 33907-5543 New York, NY 10016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

400 N. Ashley Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 2300

City & State

City & State

23

28

Tampa, FL

Zip

Country

Zip

Country

24

25

29

33602

30

3. Date incorporated or Qualified

4/19/96

4. FEI Number

13-3887455

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Intrastate Registered Agent Corporation  
701 Brickell Avenue  
Miami, FL 33101

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 Schulman, Mark A. ☐ DELETE  
NAME 145 E. 32nd St. 5th Floor  
STREET ADDRESS New York, NY 10016  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
400002859324-0  
-04/30/99--01137-013  
\*\*\*150.00 \*\*\*150.00

TITLE D Ronca, Albert A. ☐ DELETE  
NAME 145 E. 32nd St. 5th Floor  
STREET ADDRESS New York, NY 10016  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE D Bucuvalas, Michael J. ☐ DELETE  
NAME 145 E. 32nd St. 5th Floor  
STREET ADDRESS New York, NY 10016  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE D Boyle, John M. ☐ DELETE  
NAME 8403 Colesville Rd., Ste. 320  
STREET ADDRESS Silver Spgs, MD 20910  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

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:

Michael J. Bucuvalas (MICHAEL J. BUCUVALAS)

4/21/99

212-778-7700