

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

FILED

May 07 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 # P96000035141 (6)

1. Corporation Name

NBB ENTERPRISES, INC.



Principal Place of Business 580 EGRET DRIVE #106 HALLANDALE FL 33009	Mailing Address 580 EGRET DRIVE #106 HALLANDALE FL 33009-5709
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 65-0662183	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	25 Country			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 CALLIS, WILLIAM SR. 580 EGRET DRIVE #106 HALLANDALE FL 33009		10. Name and Address of New Registered Agent	
		81 Name WILLIAM A. CALLIS III	
		82 Street Address (P.O. Box Number is Not Acceptable) 332 NE 28TH DRIVE	
		83	
		84 City WILTON MANORS FL	85 Zip Code 33334

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

William Callis III

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME NICHOLAS RUYOLA	1.2 NAME WILLIAM A. CALLIS		
STREET ADDRESS 580 EGRET DR. #204	1.3 STREET ADDRESS 580 EGRET DR. SUITE 106		
CITY-ST-ZIP HALLANDALE, FL. 33009	1.4 CITY-ST-ZIP HALLANDALE, FL 33009		
TITLE <input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2.2 NAME WILLIAM A. CALLIS III		
STREET ADDRESS	2.3 STREET ADDRESS 332 N.E. 28TH DR.		
CITY-ST-ZIP	2.4 CITY-ST-ZIP WILTON MANORS, FL. 33334		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3.2 NAME WILLIAM A. CALLIS III		
STREET ADDRESS	3.3 STREET ADDRESS 332 N.E. 28TH DRIVE		
CITY-ST-ZIP	3.4 CITY-ST-ZIP WILTON MANORS, FL. 33334		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4.2 NAME WILLIAM A. CALLIS		
STREET ADDRESS	4.3 STREET ADDRESS 580 EGRET DR. #106		
CITY-ST-ZIP	4.4 CITY-ST-ZIP HALLANDALE, FL. 33009		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE		
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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:

William A. Callis III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/97 954-562846

0112915

CR2E034 (9/96)