

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

FILED  
May 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000052822  
1. Corporation Name

BGB MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3820 WILLOW LANE DELAND FL 32720	3820 WILLOW LANE DELAND FL 32720

3. Date Incorporated or Qualified 6/20/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 2503 HWY 60 E	59-3388854	Not Applicable
22 State, Apt. #, etc.	27 State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	28 VALRICO FL 33594	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

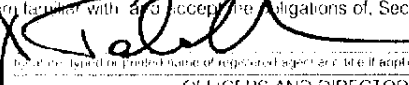
9. Name and Address of Current Registered Agent

BOCCAROSSA, ENZO  
3820 WILLOW LANE  
DELAND, FL 32720

10. Name and Address of New Registered Agent

81 Name	KAZBOUR, TALAL
82 Street Address (P.O. Box Number is Not Acceptable)	2503 HWY 60 EAST
83	
84 City	VALRICO FL 33594

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:  (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D7P <input type="checkbox"/> DELETE	1.1 TITLE	D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOCCAROSSA, ENZO	1.2 NAME	KAZBOUR, TALAL
STREET ADDRESS	3820 WILLOW LANE	1.3 STREET ADDRESS	2503 HWY 60 E
CITY-STATE-ZIP	DELAND FL 32720 <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	VALRICO, FL 33594 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	000002186080 CS
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	-05/21/97--01010--014
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP	***165.00 5/9/97

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 included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)