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

PROFIT • CORPORATION ANNUA**Ľ** REPORT



FLORIDA DEPARTMENT OFICTATE

Sandra B. Mortham 🔊 🔻

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000055936** (4)

B.B.H. VENTURES, INC.

FILED Feb 19 1997 8:00am Secretary of State

Principal Place of Busin 2310 SW 53RD STREET CAPE CORAL FL 33941	3 8 8	,							
						 Date Incorporated or Qualified 07/02/1996 	3a. D	ate of Last R	eport
2. Principal Place of B	usiness	2a. Mailing Address 26 Suite, Apt. #, etc. 27				4. FEI Number 65 - 0681950	<u> </u>		oplied For ot Applicable
Suite Apt #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				 Election Campaign Financing Trust Fund Contribution 		\$5.00 Added	May Be to Fees
24 33714	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for Florida Statutes	intangible X Yes		. 199.032,
g, Na	me and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent	
FORT MYER				63 84 City		ss (P.O. Box Number is Not Accepta	FL		Code
office or registered agent. I am familia SIGNATURE	agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	authoriz Iorida St	by the corutes.	poratio	ration submits this statement for the n's board of directors. I hereby accurately accur	purpose o	ointment as	registered registered
12.	OFFICERS AND		13	∨April siA setting	e requires	ADDITIONS/CHANGES TO OFF		D DIRECTOL	RS IN 12
TITLE D	OF TOLTO AND	DELETE	1.1 11	15	Т	ADDITIONO/OFFATGLE TO OFF	IOLIIO 741	Change	Addition
	FIELD, JOSEPH		1.2 NA		}				
	OWER DRIVE			REET ADDRESS					
	OE LA 71201		1	TY-ST-ZIP	1				
TITLE D		DELETE	2 1 TI		 			Change	Addition
NAME BABB,	RONALD		2.2 N	ME	1				
STREET ADDRESS 8943	BLUEBONNET #3		2.3 ST	REET ADDRESS	1				
CITY-S1-ZIP BATO	N ROUGE LA 70810		2.40	TY-ST-ZHP					
TITLE D		☐ DELETE	3.1 TII	'LE	"			Change	Addition
	WARREN K		3.2 NA						
0400	SW 53RD STREET			REET ADDRESS					
	CORAL FL 33941	Therete		TY-ST-ZIP	 			Change	Addition
TITLE		☐ DELETE	4.1 T)					L change	T vocition
NAME CERTIFICATION CO.			4.2 N		1				
STREET ADDRESS			1	REET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 DF	TY-ST-ZIP	+			Change	Addition
NAME		had while the	5.2 NA					80	
STREET ADDRESS				REET ADDRESS					
CITY-\$1-ZIP				TY-ST-ZIP					
TITLE		☐ DELETE	6.1 Til		+	,,		Change	Addition
NAME		<u></u>	6.2 NA			•			
STREET ADORESS			1	REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZiP]				
VIII - 31-411			0.7 (1	,, 411	4				

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

SIGNATURE: