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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	JAL REPORT 1998	Secretary DIVISION OF CO	of State	Secretary of Stat	te
DOCUI 1. Corporation	MENT # P96000	055936 (4)			
B.B.H.	ventures, inc.			4 18811561 (18 18115 Sale) Sal	101
Principal Place	e of Business	Mailing Address			
2310 SW S3RD STREET 2310 SW 53RD STREET					
CAPE CORAL FL 33914 CAPE CORAL FL 33941 US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		07/02/1996 4. FEI Number Applied 8	
21 21	INCO DI DUSINOSS	26		4. FEI Number Applied 8 65-0681958 Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired S8.75 Addition	nal
22		27		Fee Required	
City & State	θ	City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Feet	
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible	
24	25	29 3	·o	Personal Property Tax due June 30. Yes No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
WINER, STEVEN I					
12800 UNIVERSITY DRIVE #600			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ru	RT MYERS FL 33907		83		
			P4 City	las Tin Code	
			84 City	FL 85 Zip Code	
11. Pursuant i office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida. Such change was au- tions of, Section 607.0505, Flori	, the above-named corp thorized by the corpora da Statutes.	poration submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as registe	tered red
SIGNATURE					
12.	Signature, typind or printed name of registered agon OFFICERS AND		Registered Agent signature requi	led when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
TITLE	D	DELETE	1.1 TITLE		ddition
NAME	HOLYFIELD, JOSEPH		1.2 NAME		Ì
STREET ADDRESS	2103 TOWER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE LA 71201	T DELETE	1.4 CITY-ST-ZIP	D Channa D A	aldision.
TITLE NAME	D Babb, Ronald	☐ DELETE	2.1 TITLE 2.2 NAME	☐ Change ☐ A	ddition
STREET ADDRESS	8943 BLUEBONNET #3		2.3 STREET ADDRESS	·	
CITY-ST-ZIP	BATON ROUGE LA 70810		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐ A	ddition
NAME	BABB, WARREN K		3.2 NAME		
STREET ADDRESS	2310 SW 53RD STREET		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CAPE CORAL FL 33941	DELETE	3.4. City-St-ZIP 4.1 Title	Change A	ddition
NAME		bearie	4. 2 NAME		30,000
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELET E	5.1 TITLE	☐ Change ☐ A	ddition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change A	ddition
NAME	1	C officia	6.2 NAME	L Change L A	
STREET ADDRESS			6.3 STREET ADDRESS		
PITY_CT_TIP			6.4 CITY, ST. 7ID		1

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.

FILED

Mar 26 1998 8:00am