


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

FILED

Apr 22 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	
<b>DOCUMENT # P96000083900</b> 1. Corporation Name					
Principal Place of Business <b>B &amp; B Bail Bond Agency of Florida</b> <b>2828 Remington Green South</b> <b>Tallahassee, FL 32038</b>			Mailing Address		
2. Principal Place of Business 21 State, Apt. #, etc.		2a. Mailing Address 26 47000 Warm Springs Blvd.		3. Date Incorporated or Qualified <b>10-10-96</b>	
22 City & State		27 517		3a. Date of Last Report <b>N/A</b>	
23 Zip		28 Fremont, CA		4. FEI Number <b>59-3415299</b>	
24 Country		29 94539		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>Robert Krause</b> <b>2828 Remington Green South</b> <b>Tallahassee, FL 32038</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL</b>		
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					
11 TITLE <input type="checkbox"/> DELETE			P		
12 NAME			Raymond W. Hrdlicka		
13 STREET ADDRESS			47000 Warm Springs Blvd. Ste. 517		
14 CITY-ST-ZIP			Fremont, CA 94539		
21 TITLE <input type="checkbox"/> DELETE			S		
22 NAME			Lisa Johnston		
23 STREET ADDRESS			47000 Warm Springs Blvd. Ste. 517		
24 CITY-ST-ZIP			Fremont, CA 94539		
31 TITLE <input type="checkbox"/> DELETE			T		
32 NAME			Raymond W. Hrdlicka		
33 STREET ADDRESS			47000 Warm Springs Blvd. Ste 517		
34 CITY-ST-ZIP			Fremont, CA 94539		
41 TITLE <input type="checkbox"/> DELETE			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
42 NAME			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
43 STREET ADDRESS			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
44 CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
51 TITLE <input type="checkbox"/> DELETE			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
52 NAME			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
53 STREET ADDRESS			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
54 CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
61 TITLE <input type="checkbox"/> DELETE			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
62 NAME			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
63 STREET ADDRESS			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
64 CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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.					
SIGNATURE: _____ DATE: 4-17-97 DAYLINE PHONE #: (510) 505-1900					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Raymond W. Hrdlicka</b>					

CR2E034 (9/96)