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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOC	U	ME	NT#	P96000090796		
<ol> <li>Corpo</li> </ol>	ratio	n Nar	ne			,
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## FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90014 005 \*\*\*150.00

B.B.G. TIMMETILI, INC.				
Principal Place of Business Mailing Address				
5767 RODMAN ST 5767 RODMAN S				
HOLLYWOOD, FL 33023 HOLLYWOOD FL	33023	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualifed 11/01/96	<b>!</b>	
2. Principal Place of Business         2a. Mailing Address           21 5767 RODMAN ST         26 5767 RODMAN	ST	4. FEI Number 65-0705355		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	, ,	75 Additional ee Required
City & State HOLLYWOOP FL 33023  City & State HOLLYWOOD	FL	Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zip   Country   Zip     Zip     33023   30   30   30   30   30   30	Country USA	This corporation owes the cur     Personal Property Tax.	rrent year Intangible Yes	<b>XX</b> Io
Name and Address of Current Registered Agent		10. Name and Address of New	Registered Agent	
HOLDEN, MICHAEL B ESQ	81 Name			
212 S.E. 8TH ST SUITE 103	82 Street Addres	s (P.O. Box Number is Not Accept	able)	
FT LAUDERDALE FL 33316	83			
	84 City		FL   T	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was author	the above-named corporation	ation submits this statement for the 's board of directors. I hereby acce	purpose of changing pt the appointment a	ig its registered as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida	Statutes.			
SIGNATURE	istered Agent signature required w	bon roughloung)	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Req. 12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO O		CTORS IN 12
TITLE PD DELETE	1.1 TITLE		X Cha	
NAME SEAL, STEPHEN	12 NAME			
STREET ADDRESS 1876 N UNIVERSITY DR 200E	1.3 STREET ADDRESS 576	7 RODMAN ST		
CITY-ST-ZIP PLANTATION FL 33322	1.4 CITY-ST-ZIP HOI	LLYWOOD FL 33	023	
	2 1 TITLE		☐ Cha	ange Addition
NAME	2 2 NAME			i
STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP	2. 4 CITY-ST-ZIP			
TITLE DELETE	3 1 TITLE		Cha	inge 🗌 Addition
NAME	3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			:
	3.4 CITY-ST-ZIP			
· · · · · ·	41 TITLE		Cha	inge 🔲 Addition
10415	4, 2 NAME			•
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP DELETE	44 CITY-ST-ZIP		Cha	inge Addition
	5.1 TITLE 5.2 NAME			ge
10-8MC	5 3 STREET ADDRESS			
SINCE NOBINESS	5.4 CITY-ST-ZIP			
GIT-31-ZIF	6.1 TITLE		☐ Cha	nge 🔲 Addition
	6.2 NAME		-	. –
I VANARIL,	6.3 STREET ADDRESS			
STREET NOONESS	6.4 CITY-ST-ZIP			į
14. I hereby certify that the information supplied with this filing does not qualify for the		ction 119.07(3)(i), Florida Statutes.	I further certify that	the information

indicated on this annual report or supplemental annual report's true and apprate 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 custee ampowered 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 indicress, with all other like empowered.

SIGNATURE: STEPHEN SEAL SIGNATURE AND TYPES OF PRINTED NAME