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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093439 (3)

1. Corporation Name
PB ENTERPRISES, INC.

Principal Place of Business
STE. 211, 429 SEABREEZE BLVD.
FT. LAUDERDALE FL 33316

Mailing Address
STE. 211, 429 SEABREEZE BLVD.
FT. LAUDERDALE FL 33316-1632



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0709677		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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		10. Name and Address of New Registered Agent	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		FL 85. Zip Code	

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	D <input type="checkbox"/> DELETE	1.1 TITLE	S/T ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUSTIZZI, CHRISTOPHER	1.2 NAME	PUSTIZZI, CHRISTOPHER
STREET ADDRESS	STE. 211, 429 SEABREEZE BLVD.	1.3 STREET ADDRESS	5600 PACIFIC BLVD #628
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUSTIZZI, ANDREW	2.2 NAME	PUSTIZZI, ANDREW
STREET ADDRESS	STE. 211, 429 SEABREEZE BLVD.	2.3 STREET ADDRESS	3230 NE 40TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 appears in Block 12 or Block 13 or 14, or on an attachment with an address.

SIGNATURE: CHRISTOPHER PUSTIZZI 3/26/97 561-447-4156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)