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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700008613 (6)

B.B.C. OF AMERICA, INC.

Principal Place of Business		Mailing Address				
1835 TIMOCUAN WAY   #123   LONGWOOD FL 32750		1835 TIMOCUAN WAY #123 LONGWOOD FL 32750				
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					01/28/1997	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3420026	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & Cloto		City & State	[27] City & State			
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7ip	Country	,		<del></del>
24	25 29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
<u> </u>	9. Name and Address of Curre	<del></del>	1001		10. Name and Address of New Registered	
JOL	RDAN, GERALD A		B1	Name		
1635 TIMOCUAN WAY, #123 LONGWOOD FL 32750			62	Street Address (P.O. Box Number is Not Acceptable)		
			02	SHEELA	duress (F.O. Dox Number is Not Acceptable)	
			63			
			84	City		■ B5 Zip Code
					F	L   T   T
11. Pursuant to office or respond to a	to the provisions of Sections 607.05 egistered agent, or both, in the State on temitor with, and accord the	02 and 607,1508, Florida Statue of Florida Such change was	ites, the above authorized by lorida Statutes	e-named c the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered ppointment as registered
	-216///	grace is (e., coccion con acco, i	ondir oldian.		4/17	198
SIGNATURE	Signature, type for printers name of the horizon	For and the marph able (NC	II Registered Agr	nt signature n	equired when reinstating) DATE	<u> </u>
12.	OF ICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DEIFTE	1.1 TOTLE			Change Addition
NAME	Jordan, Gerald A		1.2 NAME	-	Jordan, Gerald H.	
STREET ADDRESS PO BOX 161271		13 STREET ADDRESS 6		Fordan, Gerald A. 620 Glewwood Ct. #87		
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32716-12			1.4 C(TY - S	I - ZIP	Altamonte Springs, FL 32	1714
TITLE		LI DELETE	21 HILE		' 0 '	Change Addition
NAME	2		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY+ST-ZIP			2. 4 CITY - S	ST - ZIP		
TITLE		L_] DELETÉ	31 THILE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			/
CITY-ST-ZIP		DELETE	3 4. CITY - 5	S1 - ZIP		Change Addition
TITLE			4.1 111LE			Addition Addition
NAME			4. 2 NAME	*DDDT 00		5/1\/n//\
STREET ADDRESS			4.3 STREET	1	,	11/4/17
CITY-ST-ZIP TITLE		DELLIFE	4.4 CITY - S 5.1 TITLE	1 - 2114	/	☐ Change ☐ Addition
i l		La perit	5.2 NAM6			C committee C value of
NAME				ADDRESS		
STREET ADDRESS			5.3 STREET 5.4 CITY - S			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	6.1 TITLE	I- ZIF		Change Addition
NAME			6.2 NAME		5000025646	
STREET ADDRESS			6.3 STREET	AUUBESC	6000025646 -06/19/98010060	301
OUTV OF THE			6.4 CHV. S		***150,00	

14. Thereby 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.