

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000042214 (1)**
1. Corporation Name

BBFS INCORPORATED

Principal Place of Business

**6125 HAWKE'S BLUFF AVE.
DAVIE FL 33331**

Mailing Address

**6125 HAWKE'S BLUFF AVE.
DAVIE FL 33331**

FILED

98 AUG 10 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

65-0754238

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**BRITT, SUSAN
6125 HAWKE'S BLUFF AVE.
DAVIE FL 33331**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SUSAN J. BRITT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	6125 HAWKE'S BLUFF AVE	
1.3 STREET ADDRESS	DAVIE, FL 33331	
1.4 CITY-ST-ZIP	Treasurer	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

[Signature]

7/10/98 1054H34-376A

0059494

CR2E034 (5/98)

2

July 10, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: BBFS, Incorporated
Federal ID # 65-0754238
Document ID: P97000042214(1)

Dear Sir or Madam:

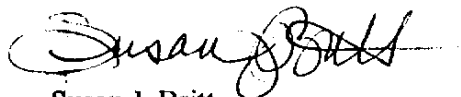
Enclosed, along with our Annual Report, is our check for \$150.00 in payment of our annual filing fees.

I called your office today (850) 488-9000. I received a "Second Notice" for filing. I never, however, received a first notice for filing. The office suggested that I write a letter of explanation and send the required \$150.00 fee.

Please let this letter serve in such capacity. This is a newly formed corporation, as of 5/13/97, and we certainly would have paid our annual fees on time had we received appropriate paper work to enable us to do so.

We apologize for this late filing and request that the late fee - indicated on the Second Notice be waived.

Sincerely,



Susan J. Britt
Treasurer/Director
BBFS, Incorporated

July 24, 1998

Spoke with a Ms. Trewor this date -
She suggested I staple letter to
check & return for waiver.

Advised is our responsibility to inquire
if we do not receive 1st Report
by Feb 1999.

We accept that responsibility & thank
you for granting this one time
waiver in advance.

Thank you