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FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000065298 (6)**

1. Corporation Name
BVB FUSION, INC.

Principal Place of Business
BVB FUSION, INC. % LOTTERY LOUNGE
1132 HIGHWAY A1A
SATELLITE BEACH FL 32937

Mailing Address
BVB FUSION, INC. % LOTTERY LOUNGE
1132 HIGHWAY A1A
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1997

2. Principal Place of Business
21 1132 A1A
Suite, Apt. #, etc.
22
City & State
23 Satellite Beach FL
Zip 24 32937
Country 25 USA

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 59-3353223 — 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
STACY, BAKER
1833 THOMASVILLE S.E.
PALM BAY FL 32909

10. Name and Address of New Registered Agent
81 Name: Stacy Baker
82 Street Address (P.O. Box Number is Not Acceptable): 1132 A1A
83
84 City: Satellite Beach FL 85 Zip Code: 32937-1

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SBaker
Signature (type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	BAKER, STACY	
STREET ADDRESS	1833 THOMASVILLE S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	DVT	☐ DELETE
NAME	VERGANINI, JENNIFER	
STREET ADDRESS	1179 IPSWICH ST. N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	☐ DELETE
NAME	Charles Baker	
STREET ADDRESS	58 Cobblestone Rd	
CITY-ST-ZIP	Paoli PA 19301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

FLORIDA DEPARTMENT OF STATE
06/17/98 01065 025
**150.00
JN 6-15

CR2E034 (10/97)

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: SBaker