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

PROFIT CORPORATION ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE APPROVED A STATE Secretary of Secretary Secret

P97000079555 (3) DOCUMENT # **B2 ENTERPRISES, INC.** Principal Place of Business Mailing Address 5106 19TH LANE EAST 5106 19TH LANE EAST **BRADENTON FL 34203 BRADENTON FL 34203** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0791645 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zιρ Country Zιο Country 8. This corporation owes or has paid the current year intangible 24 ☐ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name BROWN, CHESTER O 4251 AUSTIN ST. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 84 City 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 application (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. SECRE TARY TITLE DELETE 1 1 TITLE Change Addition BROWN, CHESTER O NAME 1.2 NAME RACHEL A. BROWN 4251 AUSTIN ST. STREET ADDRESS 4251 AUSTIN ST. 1.3 STREET ADDRESS SARASOTA FL 34233 CITY - ST - ZIP 1.4 CITY-ST-ZIP SARASOTA F4 34233 Addition DELETE 2.1 TITLE Change TITLE TREASURER Julie Brown IN EAST NAME BROWN, THOMAS P 22 NAME STREET ADDRESS 5106 19TH LANE EAST 2.3 STREET ADDRESS Bradaton Fl. 34203 **BRADENTON FL 34203** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE CHESTER O. BROWN 3.2 NAME NAME 3.3 STREET ADDRESS 4251 AUSTIN ST. STREET ADDRESS SARASOTA PL 34288 3.4. CITY-ST-ZIP CITY-ST-ZIP Change M Addition DELETE 4.1 TITLE NAME 4. 2 NAME THOMAS P. BROWN STREET ADDRESS 4.3 STREET ADDRESS SION 19TH LANE EAST BRADENTON FL 34203 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of the teceiver 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 extachment with an address.

SIGNATURE

CHET BROWN

3/27/57 751-4567

FILED