

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # **P97000082749 (7)**

1. Corporation Name

BKB II, INC.



Principal Place of Business

**240 S PINEAPPLE AVE
SARASOTA FL 34236**

Mailing Address

**240 S PINEAPPLE AVE
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

65-0783101

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

2. Principal Place of Business

21 240 S. Pineapple Ave.

Suite, Apt. #, etc.

22 Tenth Floor

City & State

23 Sarasota, FL

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 240 S. Pineapple Avenue

Suite, Apt. #, etc.

27 Tenth Floor

City & State

28 Sarasota, FL

Zip

29 34236

Country

30 USA

9. Name and Address of Current Registered Agent

**BAND, DAVID S
240 S PINEAPPLE AVE
SARASOTA FL 34236**

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 **D** ☐ DELETE

NAME **BAND, DAVID S**
STREET ADDRESS **240 S PINEAPPLE AVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ DELETE

NAME **BAND, MYRNA L**
STREET ADDRESS **240 S PINEAPPLE AVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ DELETE

NAME **KAUFFMAN, MARK S**
STREET ADDRESS **455 LONGBOAT KEY RD, #PH 4**
CITY-ST-ZIP **LONG BOAT KEY FL 34228**

TITLE **D** ☐ DELETE

NAME **KAUFFMAN, IRENE E**
STREET ADDRESS **455 LONGBOAT KEY RD, #PH 4**
CITY-ST-ZIP **LONG BOAT KEY FL 34228**

TITLE **D** ☐ DELETE

NAME **BRODSKY, RANDALL I**
STREET ADDRESS **3662 COUNTRY PLACE BLVD**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ DELETE

NAME **BRODSKY, RANDI L**
STREET ADDRESS **3662 COUNTRY PLACE BLVD**
CITY-ST-ZIP **SARASOTA FL 34233**

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

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 statement 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

David Band,
Director

941 366 6660

CR2E034 (5/98)