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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90065 015 ***150.00

DOCUMENT # P97000096412

H B B F HOLDINGS, INC.

Principal Place	e of Business	Mailing Address	ailing Address				1 10 011001 110 10114 10811 01		NO COMO DIVI PINO	14849 1484 1484	
P.O. BOX 828 PALM BEACH FL 33480 US			P.O. BOX 828 PALM BEACH FL 33480 US					DO NOT	WRITE IN TH	IIS SPACE	
			••				Ī	3. Date Incorporated or Qua	lifed		
							[11/12/1997			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For		
21			26					<u>65-0794127</u>		- 	ot Applicable
Suite, Act. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆	\$8.75 Ac ditional Fee Required		
City & State			City & State				6. Election Campaign Finan	cing 🗆	\$5.00		
23			28				Trust Fund Contribution		Added t	io Fees	
Zip	Country		<u> </u>		Country			8. This corporation owes the	current year		[]No
24	25		29	30	Τ			Person at Property Tax.	au Basistar		
	9. Name and Add	ess of Current	Registered Agent		81	Name		10. Name and Address of N	ew Registeri	2 J Ayent	
LID AT	MC CODD				,	Name	8				
HEAWG CORP.			8			Street	t Addres	s (P.O. Box Number is Not Ac	ceptable)		
2000 GLADES ROAD, #400 BOCA RATON FL 33431					83						
B00	A MAION I C 3040	•			"						
					84	City			F	85 Zip 0	Code
44 Dureug st	to the provisions of Se	ctions 607 0502	and 607 1508 Florida Stat	ues the a	boy	e-named	d corpora	ation submits this statement fo	r the purpose	of changing its	r∋gistered
office or re	egistered agent, or bo	th, in the State o	⁻ Florida. Such change was	authorized	d by	the corp	poration'	's board of cirectors. I hereby	accept the ap	pointment as re	gistered
agent. ⊢ai	m familiar with, and a	ccept the obligation	ons of, Section 607.0505, F	iorida Stat	utes						
SIGNATURE	Signature, typed or printed na	nent registered agent	and title if applicable (NO	TI : Registered	l Ager	t signature	e regu red w	hen reinstating)	DATE		
12.	Signature, types or printed he	OFFICERS AND		13.				ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO)F:S IN 12
TITLE	PSTD		☐ DELETE	1,1 TO	TLE		Τ		,	X Change	Addition
NAME	BERNSTETIN		1.2 N		1.2 NAME B		BEI	RNSTEIN			
STREET ADDRESS 249 ROYAL PALM WAY		I WAY	13 STREE		TREE	ADDRESS		9 ROYAL PALM WAY	302		
CITY-ST-ZIP	PALM BEACH FL			1,4 C	my-s	T-ZIP	PA!	LM BEACH FL 3348	0		
TITLE	I ALM DENOTTE	30110	☐ DELETE	2.1 TI						☐ Change	☐ Addition
NAME				2.2 N	AME						
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CITY-ST-ZIP					2-YTK						
TITLE			☐ DELETE	3.1 TI			\top			☐ Change	Addition
NAME				32 N	AME						
STREET ADDRESS				3.3 S	TREE	T ADDRESS	s				
CITY-ST-ZIP				34.0	CITY-S	ST-ZIP	1			_	
TITLE	-		☐ DELETE	4.1 ∏	ITLE				·	Change	☐ Addition
NAME				4.21	AME						
STREET ADDRESS				4.3 S	TREE	T ADDRESS	s				İ
CITY-ST-ZIP				4.4 0	ITY-S	T- ZIP					
TITLE			☐ DELETE	5.1 TI						Change	Addition
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	TREE	TADDRESS	s				
CITY-ST-ZIP				5.4 C	ITY-S	T-ZIP					
TITLE			☐ DELETÉ	61 T	ITLE		$T^{}$			☐ Change	Addition
NAME				6.2 N	AME						
				635	TREE	T ADDRESS	2				

14. Herety certify that the informa ion 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 indicat ad 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 path; 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 changer, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP